

## Comparison of personality of HIV positive people with normal people: A psychological study

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**Abstract:** Human immunodeficiency virus (HIV) is a lentivirus (a member of the retrovirus family) that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. A glimpse at the increasing incidences of HIV positive cases the world over, makes it necessary for behavioral scientists to probe into the psyche of individuals, to see what prompts them to become prey to HIV. The present study was an effort to identify some personality correlates of HIV positive individuals. In this study, we used of 100 people. 50 of them were suffered from HIV and 50 of them were healthy. So we aimed to compare their some properties related to their personality such as extraversion, neuroticism, anger and self-esteem. At the end, data were analysed by SPSS software. The main findings of the research indicated that on the traits of Extraversion and Neuroticism, HIV positive individuals scored higher than HIV free subjects. Also, the HIV positive subjects showed low Self Esteem and high anger.

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### 1. Introduction

Human immunodeficiency virus infection or acquired immunodeficiency syndrome (HIV/AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV) (Sepkowitz, 2001). During the initial infection a person may experience a brief period of influenza-like illness. This is typically followed by a prolonged period without symptoms. As the illness progresses it interferes more and more with the immune system, making people much more likely to get infections, including opportunistic infections, and tumors that do not usually affect people with working immune systems.

HIV is transmitted primarily via unprotected sexual intercourse (including anal and even oral sex), contaminated blood transfusions and hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding (Markowitz, 2007). Some bodily fluids, such as saliva and tears, do not transmit HIV (CDC, 2003). Prevention of HIV infection, primarily through safe sex and needle-exchange programs, is a key strategy to control the spread of the disease. There is no cure or vaccine; however, antiretroviral treatment can slow the course of the disease and may lead to a near-normal life expectancy. While antiretroviral treatment reduces the risk of death and complications from the disease, these medications are expensive and may be associated with side effects.

Genetic research indicates that HIV originated in west-central Africa during the early twentieth century (Sharp and Hahn, 2011). AIDS was

first recognized by the Centers for Disease Control and Prevention (CDC) in 1981 and its cause—HIV infection—was identified in the early part of the decade (Gallo, 2006). Since its discovery, AIDS has caused nearly 30 million deaths (as of 2009). As of 2010, approximately 34 million people have contracted HIV globally (UNAIDS, 2011). AIDS is considered a pandemic—a disease outbreak which is present over a large area and is actively spreading (Kallings, 2008).

HIV/AIDS has had a great impact on society, both as an illness and as a source of discrimination. The disease also has significant economic impacts. There are many misconceptions about HIV/AIDS such as the belief that it can be transmitted by casual non-sexual contact. The disease has also become subject to many controversies involving religion.

Eysenck (1947) defined personality as, “the sum total of the actual or potential behavior patterns of the organism, as determined by heredity and environment.” Eysenck also perceived personality as the more or less stable and enduring organization of a person’s character, temperament, intellect and physique, which determines his unique adjustment to the environment. His definition of personality included four main sectors of behavior-patterns, the cognitive sector (intelligence), the conative sector (character), the effective sector (temperament), and somatic sector (constitution). The four personality characteristics chosen for this study were neuroticism, extraversion, anger, and self-esteem. According to Eysenck (1947), individuals can be

broadly allocated along two dimensions of personality i.e., Extraversion/Introversion (E/I), and Neuroticism (N).

According to Spielberger (1988) "the concept of 'Anger' refers to an emotional state that consists of feeling that varies in intensity, from mild irritation or annoyance, to intense fury and rage. Although 'hostility' usually involves angry feelings, this concept has the connotation of the complex set of attitudes that motivate aggressive behaviors directed towards destroying objects or injuring other people.....while anger and hostility refer to feelings and attitudes, the concept of 'aggression' generally implies destructive or punitive behavior directed towards other persons or objects."

Self-esteem is a concept that includes a person's sense of self-respect, of their competence, and their acceptability to others. It encompasses their internal self-scheme, based on their past experiences of success or failure and their interpersonal experiences of acceptance or rejection. The aim of present study was to compare of personality of HIV positive people with normal people.

## 2. Materials and methods

The method thus used for the selection of participants was that of incidental sampling; hence the patients who were available were taken for this study. This study was carried out in Iran during the 2012. The respondents of the study are a group of people with HIV/AIDS.

A total of 200 HIV positive participants were selected for this research, out of which there were 150 males and 50 females. Equal number of male and female subjects was selected out of the total 200 HIV free sample so that 100 of them were male and female in each. The age range in both groups was the same.

The instruments used for the present study were following:

For the assessment of personality, we used Eysenck Personality Inventory (Eysenck & Eysenck, 1968) to measure two dimensions of personality; Extroversion/Introversion and Neuroticism/ Emotional Stability. This form is a 57 item true-false questionnaire, out of which 24 items are for assessing Neuroticism/Emotional Stability, 24 items for assessing Extroversion/Introversion, and the rest of 9 items for constituting the Lie scale.

Anger Expression Inventory was used to assess the dimensions of State Anger, Trait Anger, Anger-in, Anger-out, and Anger Control. This form consists of 44 items which use a four-point frequency scale ranging from 1 (almost never) to 4 (almost always).

Self-Esteem was assessed with the Self-Esteem Scale, a 15 item self-report instrument with

five-point Likert-type scale, initially developed by Connie Palladino (5= very high, 4= moderately high, 3= average, 2= moderately low, 1= very low ) which measures about how much your self-esteem is related to feeling of success.

## 3. Results

The Means and SD's of all the variables of males, females, and total samples of HIV positive and HIV free subjects on all the tests were computed and data are given in tables below (table 1).

**Table 1:** comparative traits between HIV-positive and normal people

EPI	Sex	HIV-positive patients	Normal peoples
		Mean±SD	Mean±SD
E/I	Male	10.80±2.65	9.90±2.35
	Female	10.95±2.61	9.98±2.70
N	Male	14.05±2.70	12.03±3.64
	Female	13.53±2.63	11.82±3.21
L	Male	5.84±3.80	4.81±2.69
	Female	5.81±3.23	4.63±2.23
Anger	Male	28.35±4.51	4.52±1.12
	Female	28.12±4.39	4.01±1.24
Self-esteem	Male	12.72±3.46	10.24±2.33
	Female	12.93±3.20	10.46±2.09

## 4. Discussion and conclusion

HIV/AIDS affects women and men differently in terms of vulnerability and impact. There are biological factors, which make women more vulnerable to infection than men and structural inequalities in the status of men that make it harder for them to take measures, to prevent infection and also intensify the impact of AIDS on them. Unprotected sex has been seen to be associated with being impulsive and sexually compulsive. Among women it has been related to being less empathetic, less assertive, and more rebellious (Crepaz & Marks, 2002).

Eysenck and Eysenck (1968) describe Extraversion as impulsive behavior with sociable tendencies. The typical extravert is sociable, likes parties has many friends, needs to have people to talk to and does not like reading or studying by himself. He craves for excitement, takes chances and is generally an impulsive individual. Neuroticism refers to a general emotional over responsiveness, emotional ability and liability to neurotic breakdown under stress. The general nature of Neuroticism is assessed as instability, inadaptability, depressive moods, weak dependable attitude, narrow interest and symptoms of nervous breakdown (Eysenck, 1953). Penedo et al. (2003) evaluated relationship between personality traits and quality of life among 116 men

and women living with HIV/AIDS. Results showed that personality traits such as neuroticism were significantly associated with poorer quality of life. Conscientiousness and extraversion were associated with better quality of life. Fenaughty and Fisher (1998) developed a typology from a sample of 283 drug users based on alcohol use variables. This study showed that neuroticism in the alcohol typology was significantly related to several sexual risk behaviors. These two dimensions were taken up in the present work. Extraverts would be more influenced by the peer group pressures; they are also sensation seeking. The neurotics would be predisposed to anxiety prone impulsive behavior making them more susceptible to HIV which is risk proneness. In the light of the research work done on Extraversion and Neuroticism, the first hypothesis was proposed:

**Hypothesis 1:** The HIV positive individuals will score relatively higher on Extraversion and Neuroticism.

Mohan (2003) observed that adolescent violence is often related to intimate relationships, such as violence in dating situations. Dating violence may be defined as the penetration or threat of an act of violence by at least one member of unmarried couple on the other member within the context of dating or courtship. When frustrated and angry for a long time, a person may develop a hostile aggressive and a violent behavior, by forcing unsafe sex, and rape attempts on either their spouse or girlfriends that can lead to a high risk of HIV infection. As the studies show, anger is an outcome of frustration, because of which an individual may fall prey to high risk behavior, and hence the second hypothesis was proposed:

**Hypothesis 2:** HIV/AIDS positive individuals will score relatively higher on both Anger-S (state) and Anger-T (trait).

In regard to HIV, low self-esteem may be a factor in not protecting themselves or others from HIV. No one has been able to measure a drop in self-esteem as a result of becoming infected because self-esteem may have been low to start with. However, with stigmatization, guilt, loss of a positive body image, loss of roles, loss of work, and loss of social network, it seems intuitive that self-esteem would be threatened (Hoffman, 1996). The relationship between low Self-Esteem and HIV-related risk behaviors, and the factors that predict self-esteem levels of "at risk" women, was explored by Sterk et al., (2004). Poor self-esteem is thus likely to make an individual fall prey to peer pressure and faulty behavior and hence the third hypothesis was proposed:

**Hypothesis 3:** HIV positive individuals will have relatively lower self-esteem.

On Extraversion the comparison indicates that HIV positive subjects are slightly higher than the HIV free sample. The difference is significant at .05 level only. A typical Extravert is sociable, craves for excitement, is influenced by others, and is generally impulsive. It is their inconsistency between the thought and the behavior that despite intellectual ability of knowledge of HIV/AIDS unstable extraverted youth engage in behavior associated with risk behavior. Also their emotional instability that is inability to tolerate, boredom, sadness, intense outburst in mood, lead them to pursue pleasurable experiences, however risky they may be. Such impulsive youth is usually influenced by others and are more vulnerable to alcohol, drug abuse and get involved in experimental sex, therefore high risk of contracting infection. Therefore, there is a need to educate today's youth about the hazards of excitement seeking activities and helping them to divert their energies into positive directions.

On Neuroticism the present results show that HIV positive sample has scored significantly higher than the HIV free sample. Individuals who score high on neuroticism are more likely than the average to experience such feelings as anxiety, anger, guilt, and clinical depression. A combination of anxiety, depression, worrying nature and reacting strongly to all kinds of stimuli may lead an individual high on Neuroticism to be vulnerable to high risk behavior, as is seen in the present study. The younger generation responds more poorly to environmental stress, and is more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification, with the result out of anxiety they may get involved in high risk behaviors, leading to HIV Infection. These tendencies lead to having irrational ideas and an inability to cope with stress effectively, therefore the classroom teaching should help the young students to have rational ideas, to deal with the situations properly and react in a socially approved manner without showing anxiety and depression.

The high scores of HIV positive individuals in the present study could be due to emotional immaturity frustration or unfair treatment which takes the form of anger/aggressiveness, hence making them fall prey to sexually active behaviors. An aggressive person tries to force his will on others to fulfill his demands or desire to harm others. Lollis et al., (1995) also report anger to be associated with high risk behavior. Anger is a negatively toned emotion, subjectively experienced as an aroused state of antagonism towards someone or something perceived to be the source of an aversive event. Anger aggression and hostility have been found to be

personality features of most of the chronic illness. Anger directed towards others may be expressed in physical acts such as assaulting other persons, destroying objects and slamming doors, verbal threats and the extreme use of profanity (Speilberger et al., 1983).

Self-Esteem refers to one's evaluation of oneself. It may be defined as the degree of correspondence between an individual's ideal and actual concept of himself (Cohen, 1959). Low self-esteem people are dependent on the receipt of positive evaluation from others. As a result, they are likely to seek approval from others and more prone to conform to the beliefs and behaviors of those they respect than are high self-esteem groups (Robins, 1999). This may have led the HIV positive subjects of the present study in peer pressure to get involved in high risk behavior.

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