The Interplay Between Death Anxiety and loneliness in Persons Living with HIV/AIDS (PLWHA).

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ABSTRACT

The introduction of antiretroviral therapy (ART) has transformed HIV/AIDS from a terminal illness into a manageable chronic condition. However, people living with HIV/AIDS (PLWHA) continue to face significant psychosocial challenges, including death anxiety and loneliness. This study explores the relationship between these two variables among individuals in the early and advanced stages of HIV/AIDS. A sample of 100 individuals (50 in the early stage and 50 in the advanced stage) was selected using purposive and convenience sampling in Kolkata, India. The study employed the Death Anxiety Scale (DAS) and an emotional regulation scale to measure these psychological constructs. Findings revealed no significant correlation between death anxiety and loneliness in either stage of HIV/AIDS. However, significant differences were observed in both loneliness and death anxiety between early and advanced-stage individuals. People in the advanced stage reported higher levels of loneliness, while those in the early stage experienced greater death anxiety. These findings highlight the need for targeted psychological interventions to address the emotional and social needs of PLWHA at different disease stages.

Introduction:

The development of antiretroviral therapy (ART) has significantly extended the life expectancy of people living with HIV/AIDS Persons living with HIV/AIDS by changing the disease's perception from one of death to a chronic illness that can be managed. But even with these advances in medicine, Persons living with HIV/AIDS still confront substantial psychosocial difficulties that may have an adverse effect on their general health. Among these difficulties, loneliness and concern over dying stick out as serious problems that need more research.

Because of the stigma and discrimination attached to the illness, loneliness—a subjective sense of social isolation—is common among people with Parkinson's disease. Feelings of loneliness may worsen as a result of social support being scarce due to this isolation.

The chronic nature of the illness and the ongoing reminder of mortality have a permanent negative impact on many Persons living with HIV/AIDS, leading to death anxiety, or the fear of dying.

Death anxiety and loneliness can interact to produce a vicious cycle in which one makes the other worse, resulting in a reduction in overall quality of life and mental health. For effective therapies targeted at enhancing the psychological well-being of Persons living with HIV/AIDS, it is imperative to comprehend this dynamic. In light of the importance of emotional regulation and its bearing on wellbeing, this study aims to investigate the intricate link between death dread and loneliness in this group.

These variables can help us understand the psychosocial requirements of people living with HIV/AIDS and help us come up with ways to improve their quality of life and support networks.

Objectives:

1. To study Relationship between Death Anxiety and Loneliness in Individuals Living with advance and early stage of HIV/AIDS.

2. To study difference between Death Anxiety in Individuals Living with advance and early stage of HIV/AIDS.

3. To study difference between Loneliness in Individuals Living with advance and early stage of HIV/AIDS.

Hypothesis:

1. There will be a significant relationship between Death Anxiety and Emotional regulation in Individuals Living with advance and early stage of HIV/AIDS.

2. There will be no significant difference between Death Anxiety in Individuals Living with advance and early stage of HIV/AIDS.

3. There will be a significant difference between Emotional regulation in Individuals Living with advance and early stage of HIV/AIDS.

Variables of the Study:

Independent Variable: Early Stage and Advance Stage of HIV/AIDS Dependent Variables: - Death Anxiety and Loneliness

 Control Variables: Age 18-25, Place- Kolkata city

Research Methodology:

Samples: The study was involved 100 Individuals Living with advance and early HIV/AIDS. (25 male-25 females) 50 Individuals Living with Early Stage of HIV/AIDS and (25 male-25 females) 50 Individuals Living with Advance Stage of HIV/AIDS were selected by purposive and convenience sampling in Kolkata city of West-Bengal.

Stage of HID/AIDS	Female	Male	Total number
Early Stage	25	25	50
Advance Stage	25	25	50
Total sample	50	50	100

Psychological Tools:

UCLA Loneliness Scale (Version 3)

Developed by Russell, Peplau, and Cutrona (1980), this widely used 20-item scale assesses social isolation and loneliness. Respondents rate statements on a four-point Likert scale, with higher scores indicating greater loneliness. The scale has strong reliability, validity, and multiple versions, including a shorter 8-item adaptation. It is commonly used in psychology and gerontology to study the effects of loneliness on mental and physical health.

Death Anxiety Scale (DAS-DMD)

Created by *Upinder Dhar, Savita Mehta, and Santosh Dhar (1998* (1998), this 10-item scale measures fear of dying using "Yes," "Undecided," and "No" responses, scored 2, 1, and 0, respectively. It has high reliability (0.87) and validity (0.93), making it a robust tool for assessing death-related anxiety.

Death Anxiety Scale (DAS-CT)

Developed by **Dr. Vijayalakshmi Chouhan and Gayatri Tiwari**. (1971), this 20-item scale evaluates anxiety related to death, illness, and the afterlife. It has strong reliability (0.93) and validity (0.74). High scores indicate significant death fear, suggesting the need for psychological support, while low scores reflect normal anxiety levels without major disruptions.

Statistical tools – Data of the study were analysed by central tendencies Mean (M), Standard deviation (S.D.) and to find significant difference between critical ration and Pearson's product movement correlation.

Results and discussion -

Relationship between Death Anxiety and Loneliness of a person living with early stage

Group	N	Mean	S.D.	R (Correlation)	Type	Significant
Death Anxiety	100	9.26	5.74	+0.13	Low Positive correlation	>0.01
Loneliness	100	63.43	12.99			

Above table displays the findings of a study on the "Relationship between Death Anxiety and Loneliness of Persons Living with Early-Stage HIV/AIDS (PLWHA)". Individuals living with HIV/AIDS in the early stages do not exhibit a substantial relationship between death anxiety and loneliness. A negligible low positive correlation is shown by the correlation coefficient of +0.13. because the computed r-value is less than the 0.05 minimal value, there is correlation.

Thus, it is reasonable to conclude that there is no meaningful connection between death anxiety and loneliness in people with early-stage HIV/AIDS (PLWHA). Persons living with HIV/AIDS in the early stages (PLWHA) do not experience loneliness or anxiety in response to death.

Relationship between Death Anxiety and Loneliness of a person living with Advance Stage

Group	N	Mean	S.D.	R (Correlation)	Type	Significant
Death Anxiety	100	7.84	4.37	+0.05	Low Positive Correlation	>0.01
Loneliness	100	63.43	10.70			

Above table illustrates the findings from the study "Relationship between Death Anxiety and Loneliness of Persons Living with Advance Stage HIV/AIDS (PLWHA)." The loneliness experienced by those living with advance HIV/AIDS does not significantly correlate with death anxiety (PLWHA). The estimated correlation coefficient, r, is less than the minimum value at 0.05, indicating an inconsequentially low positive correlation. The correlation coefficient is +0.05. Thus, we can conclude that there is no meaningful correlation between a person's loneliness and their anxiety about dying from HIV/AIDS (PLWHA). Among people living with advance HIV/AIDS (PLWHA), loneliness and death anxiety are not related.

Difference between Loneliness of a person living with Early Stage and Advance Stage

Stages of HIV/AIDS	N	Mean	S.D.	t-value	Significant
Eary	100	63.43	12.99	2.03	<0.05
Advance	100	66.86	10.70		

Above table shows the results "Difference between Loneliness of a Person Living with Early Stage and Advance Stage HIV/AIDS (PLWHA)." There is a significant difference between means. The mean values of loneliness of a person living with early and advance stages of HIV/AIDS (PLWHA) are 63.43 and 66.86. calculated t-value is 2.03 which is significant at 0.05.calculated t-value is greater than minimum value at 198 degree of freedom and 0.05 level of significant. Therefore, we can say that persons living with advance stages feel loneliness more than persons living with Early-Stage of HIV/AIDS (PLWHA).

Difference between Death Anxiety of a person living with Early Stage and Advance Stage

Stages of HIV/AIDS	N	Mean	S.D.	t-value	Significant
Eary	100	9.26	5.74	1.97	<0.05
Advance	100	7.84	4.37		

Above table shows the results "Difference between Death Anxiety of a Person Living with Early Stage and Advance Stage of HIV/AIDS (PLWHA)." There is a significant difference between means. The mean values of death anxiety of a person living with early stage and advanced stage of HIV/AIDS (PLWHA) are 9.26 and 7.84. calculated t-value is 1.97 which is significant to 0.05. calculated t-value is greater than minimum value at 198 degree of freedom and 0.05 level of significant. Therefore, we can say that persons living with early stages of HIV/AIDS (PLWHA) suffer from death anxiety more than persons living with advance stages of HIV/AIDS (PLWHA).

Conclusion

This study provides valuable insights into the psychological experiences of PLWHA, particularly concerning death anxiety and loneliness. While no significant correlation was found between these two factors, individuals in the early stage exhibited higher death anxiety, whereas those in the advanced stage reported greater loneliness. These results suggest that as the disease progresses, fears surrounding death may diminish while social isolation intensifies. This underscores the need for stage-specific interventions, such as counseling and community support programs, to address these psychological burdens. Future research should explore additional psychosocial variables and intervention strategies to enhance the overall well-being of PLWHA.

Reference:

Emlet, C. A. (2006). "An Examination of the Social Networks and Social Isolation in Older and Younger Adults Living with HIV/AIDS." This study explores the role of social support and isolation in shaping mental health outcomes in PLWHA.

Fang, X., Vincent, W., Calabrese, S. K., & Heckman, T. G. (2015). "Resilience, Loneliness, and Psychological Distress Among Older Adults Living with HIV/AIDS." This paper discusses how resilience mediates the impact of loneliness and distress among older PLWHA.

Kelley, M. L., et al. (1999). "Predictors of Death Anxiety in HIV-Infected Women." This research focuses on factors contributing to death anxiety among women with HIV, providing useful parallels to the current study.

Kalichman, S. C., et al. (2000). "Stress, Social Support, and HIV-Status Disclosure to Family and Friends Among HIV-Positive Men and Women." This study examines the link between social support and psychological well-being in PLWHA.