

## **THERAPEUTIC DILEMMAS IN THE MANAGEMENT OF EMOTIONS FOR COUPLES AFTER DISCORDANT HIV TEST RESULTS IN ELDORET TOWN, KENYA**

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**ABSTRACT:** *The purpose of the study was to investigate the therapeutic dilemmas experienced by HTC counselors in the management of emotions for couples after discordant HIV test results in Eldoret Town, Kenya. The objectives of the study were; to investigate the therapeutic difficulties experienced by HTC counselors in releasing results to discordant couples, to find out the therapeutic difficulties in handling different emotions based on each client's test results, to investigate the counselors' therapeutic dilemmas in dealing with anger at the person giving the test result, to find out the difficulties experienced by HTC counselors in handling violence and emotional outbursts among discordant couples as well as to establish influence of gender and nature of training on the experience of therapeutic difficulties in handling discordance. The study adopted the descriptive survey design. The study population comprised all the HTC counselors operating within Eldoret town, Uasin Gishu County, Kenya who were 68 in total. This study adopted questionnaire as the data collection instrument. The findings indicated that most HTC counselors experience the said difficulties. The study recommended the retraining of Kenyan counselors with the view to equipping them with therapeutic as well as emotional competencies to handle the emotional dilemmas*

**KEYWORDS:** Therapeutic Dilemmas, Difficulties, Emotion, Couple, HIV, Counselor

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### **INTRODUCTION**

According to the World Health Organization (2012), discordant couples are those where one partner is HIV-infected and the other is not. A couple is defined as two persons in an ongoing sexual relationship and each of these persons is referred to as a "partner" in the relationship.

The development and use of rapid, point-of-care HIV tests in the late 1990s have facilitated expansion of HIV testing services. These rapid tests can be performed with a finger-prick blood sample collected and processed by a trained health care worker and can be conducted outside of health facilities and traditional testing sites. The use of more than one rapid test can provide immediate, on-site confirmation of test results. However, the HTC counseling environment and settings implies that both results (positive and negative) have to be released at the same time.

Many counselors in the developing countries find themselves ill-equipped to handle discordant couples (Atta, 2008). This is because of the perception of HIV as an immorality and not a health condition that can affect any person. Counselors may find it difficult to deal with the emotions and the reactions resulting from discordance.

As a result, counselors may experience therapeutic dilemmas which may in-turn hinder their effectiveness in handling the challenges at hand. The study therefore sought to investigate these difficulties and therapeutic dilemmas with the view to giving a way forward on the same.

In April 2012, WHO released guidelines on “Guidance on couples HIV testing and counseling, including antiretroviral therapy (ART) for treatment and prevention in sero-discordant couples: Recommendations for a public health approach”, emphasizing the importance of support to discordant couples. This however has not helped counselors in dealing with the therapeutic dilemmas resulting from the emotions accompanying discordance.

### **The Problem**

There are many HIV/AIDS guidelines developed to address the issues of prevention, testing and management. However, there is a lot that is not known about the difficulties experienced by HTC counselors in the developing world, the therapeutic difficulties in handling different emotions based on each client’s test results. No study has documented the counselors’ therapeutic dilemmas in dealing with anger at the person giving the test result, managing aggression and emotional outbursts in discordance test results disclosure. Also, there are no documented study findings on the influence of gender and nature of training on the experience of therapeutic difficulties in handling discordance. These formed the bulk of the study’s concerns/

### **The Study Objectives**

The objectives of the study were:

1. To investigate the therapeutic difficulties experienced by HTC counselors in releasing results to discordant couples
2. To find out the therapeutic difficulties in handling different emotions based on each client’s test results.
3. The study sought to investigate the counselors’ therapeutic dilemmas in dealing with anger at the person giving the test result
4. To find out the difficulties experienced by HTC counselors in handling violence and emotional outbursts among discordant couples
5. To find out the influence of gender and nature of training on the experience of therapeutic difficulties in handling discordance

### **The Research Design**

The study adopted the descriptive survey design. The Descriptive research was used to obtain information concerning the current status of the phenomena to describe "what exists" with respect to variables or conditions in a situation. Descriptive research studies enable the researcher to describe the characteristics of a particular individual or of a group at a point in time

without being able to manipulate the study variables (Kothari, 2009). The survey which describes the status quo was adopted, with application of the chi-square statistic to establish association between variables.

### **Population and Sample**

The study population comprised all the HTC counselors operating within Eldoret town, Uasin Gishu County, Kenya who were 68 in total. The sampling frame was constructed by the researcher with the help of the ministry of health officials. A complete enumeration of the entire population of counselors was carried out.

### **Data Collection Instruments**

This study adopted questionnaire as the data collection instrument . Questionnaires work best with standardized questions that the researcher can be confident will be interpreted in the same way by all respondents (Robson, 2002). The questionnaires had both closed-ended and open-ended items.

## **RESULTS AND DISCUSSION**

### **Difficulties in releasing results**

Most of the counselors (73%) indicated that they had difficulties in releasing the discordant results. The challenge was made worse by the fact that the testing procedure involves viewing the results on the test kits placed just a hands length away from the clients. However, 24% of the counselors said that they have mastered the art and skills of handling discordant results.

One counselor said

*'My approach has been to adequately address the possibility of discordance during pre-test counseling. I ask each of the parties what they would expect their spouse to do if they turned positive while the spouse turned negative.....this, I do in turns to enable each of them to look at the issue from the perspective of being the one in need for the understanding of the spouse. You see, it has always worked for me.'*

The other (3%) of counselors did not respond to the item about the difficulties. Other counselors who did not experience the difficulties would begin by stating that the couple had received results that are different. Then pause briefly for the couple to absorb the implications of the results. The counselor would then reaffirm that the couple as a unit will receive the results. Pausing for a moment allows the couple to consider the reality that one partner is infected with HIV while the other is not and that either of them could be infected. After the brief pause, provide the positive partner with his or her result. Then provide the negative partner with his or her result. The positive partner should receive his or her results first because that partner will need the most support.

**Table 1.1: Gender and experience of dilemma in handling emotions**

	counselor's experience of dilemma			Total
	experiences difficulty	does not experience difficulty	undecided on the issue	
gender of the male counselor	16	16	2	34
female	34	0	0	34
Total	50	16	2	68

The findings indicated on the cross tabulation table 1.1 above indicates that all the female counselors in the study (34) had experiences of difficulties in dealing with the situations and emotions resulting from discordant test results. Slightly over 47% of the male respondent counselors were found to experience the said difficulties, with an equal number of male counselors (47%) mentioning that they do not experience the difficulties.

**Table 1.2: chi-square statistic results**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	24.480 <sup>a</sup>	2	.000
Likelihood Ratio	31.581	2	.000
Linear-by-Linear Association	21.753	1	.000
N of Valid Cases	68		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.00.

Since  $p = 0.000 < \alpha = 0.05$  the study rejected the null hypothesis  $H_{01}$ : Gender of the counselor has no significant association with the experience of dilemma in handling emotions. Clearly, the cross tabulation of data on the two variables indicates that on the whole, female counselors experience the said difficulties in dealing with the situations and emotions resulting from discordant test results more compared to their male counterparts.

### **The dilemma of handling different emotions based on each client's test result**

For the spouse whose test result is positive, the initial reactions can range from extreme anxiety to relatively calm acceptance. Common reactions include: Disbelief, based on the fact that most clients expect negative results despite the various risks one may have exposed himself or herself to in the past. Shock is also common. Others include: Anger at the person from whom they acquired the virus, usually this is assumed to be a different person other than the spouse with whom the client is taking the test. The direct implication is that the spouse whose test result is positive may have been involved in cheating on the spouse.

### Dealing with anger at the person giving the test result.

A significant number of counselors (53) intimated that some clients have directed anger at them after turning positive. Asked why that was so, the counselors felt that clients may imagine that the counselor may have manipulated the results to their disadvantage.

Most of the 73% of the counselors who mentioned having experienced the dilemmas in handling emotions among discordant couples also indicated that their main difficulties were in handling the emotions experienced by the spouse who turned positive party, for example fear of lose of sexuality, reduced lifespan, as well as anxiety about the health of their partners.

Helping the client to work through their reactions would be the ideal thing to do. However, this, as intimated by most counselors is a longer-term process.

Most of the counselors (94%) indicated that they did not experience any therapeutic dilemmas in handling the negative result of one spouse. However, most of such clients were said to experience anxiety about the self well being, the fear of being infected and the reality of having to live with a spouse who had tested positive.

### Handling Reactions

Majority of the counselors (81%) indicated that they had observed violence among discordant couples immediately after the results were viewed. The incidences of violence from both male and female clients were almost equal, with the spouse testing negative reacting violently because of the possibility of being infected by the one who had tested positive. All the 34 female counselors indicated that they found themselves ill-prepared to deal with the violence.

A total of 46 counselors (67.7%) indicated that emotional outbursts were common when discordant results were obtained. This was a difficult situation to handle for most of them.

On the issue of counselor preparation in releasing results for discordant couples, the following were the findings:

**Table1.1: Counselor's need for Additional Preparation in Handling Emotions**

Counselor preparation needs	SA	A	U	D	SD
	frq	frq	frq	frq	frq
Counselors need emotions management skills	44	20	8	0	0
We should be prepared on results disclosure	37	26	1	3	1
Training should emphasize pre-test emphasis on discordance	53	12	1	2	0
There is need for preparation in crisis management	58	9	1	0	0
Need for skills in balancing emotions of the spouses	21	35	1	9	2

## CONCLUSION

On the whole, most of the counselors in the study area experienced therapeutic dilemmas in the management of discordance. These dilemmas were in the areas of difficulties in releasing results, where the rapid test setting and procedure, by presenting the test kits in the same setting of testing and results disclosure, made it hard to release different results. The dilemma of handling different emotions based on each client's test result was also reported by many counselors. The study also established that counselors had dilemmas regarding handling or dealing with anger at the person giving the test result (the counselors themselves).

Other HTC counselors indicated that they had difficulties in handling violence among discordant couples immediately after the results were viewed. Emotional outbursts were also common when discordant results were obtained.

## The way forward

The study recommends further retraining of Kenyan counselors with the view to equipping them with therapeutic as well as emotional competencies to handle the emotional dilemmas and difficulties presented by discordant couples during testing and counseling.

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