www.ijip.in | e-ISSN 2348-5396 | p-ISSN: 2349-3429

Volume 4, Issue 1 October, 2016 | Special Issue No. 70

Comparative Study of Emotional Awareness between HIV Positive and HIV Negative

P. Mounika

ISSN 2348-5396

9 772348 539009

The International Journal of INDIAN PSYCHOLOGY

The International Journal of
INDIAN PSYCHOLOGY

Volume 4
I s s u e 1, No. 70

Comparative Study of Emotional Awareness between HIV Positive and HIV Negative

October-December, 2016

P. Mounika
Department Of Psychology, St.Francis College For Women, An Autonomous College Of Osmania University, Begumpet, Hyderabad, India

THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 4, Issue 1, No. 70) Published, October, 2016
-- -- -- -- -- -- -- -- -- -- -- --

Headquarters;
REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230
Customer Care: +91 99 98 447091

-- -- -- -- -- -- -- --

ISSN (Online) 2348-5396
ISSN (Print) 2349-3429
ZDB: 2775190-9
IDN: 1052425984
CODEN: IJIPD3
OCLC: 882110133
WorldCat Accession: (DE-600) ZDB2775190-9
ROAR ID: 9235
Impact Factor: 4.50 (ICI)
-- -- -- -- -- -- -- --

Price: 500 INR/- | $ 8.00 USD
2015 Edition

Website: www.ijip.in
Email: info.ijip@gmail.com | journal@ijip.in

Please submit your work's abstract or introduction to (info.ijip@gmail.com | www.ijip.in)

Publishing fees, ₹ 500 OR $ 15 USD only (online and print both)

The Editorial Board is comprised of nationally recognized scholars and researchers in the fields of Psychology, Education, Social Sciences, Home Sciences and related areas. The Board provides guidance and direction to ensure the integrity of this academic peer-reviewed journal.

Ajay Chauhan, M.Phil
Clinical Psychology, Sardar Patel University, Vallabh Vidyanagar
INDIA

Richard Harvey (Psycho-Spiritual Psychotherapist)
Author and Spiritual Teacher, Founder-Director of the Change Workshops (1986–1995).
SPAIN

Vishal Parmar, Forensic Psychologist
Forensic Psychology, Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.
INDIA

Aastha Dhingra (Clinical Psychologist)
DIRECTOR & CO-FOUNDER, AD EXECUTIVE TRAINING & COACHING PVT LTD
INDIA

Message from the Desk of Editor

It gives me great opportunity to present the forth volume of IJIP, the measure of progress. The concept of a Journal of Indian Psychology has been developing for over few years and finally another issue has come to fruition. From this edition we will have ISSN for online 2348-5396 and print 2349-3429, ZDB-No.: 2775190-9, IDN: 1052425984, CODEN: IJIPD3, OCLC: 882110133, WorldCat Accession: (DE-600) ZDB2775190-9, ResearchID: P-8455-2015 in our publication. RedShine Publication, Inc is grateful to the contributors for making this Journal a reality.

The aim of IJIP is to increase the visibility and ease of use of open access scientific and scholarly articles thereby promoting their increased usage and impact. Hence, IJIP grants the permission to read, download, copy, distribute, print, search or link to the full texts of articles available online at the IJIP officially website (www.ijip.in) freely. Authors do not have to pay for submission, review of articles in IJIP.

The journal gives preference to psychological oriented studies over experimental and mind studies.

The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board. Large numbers of research papers were received from all over the globe for publication and we thank each one of the authors personally for soliciting the journal. We also extend our heartfelt thanks to the reviewers and members of the editorial board who so carefully perused the papers and carried out justified evaluation. Based on their evaluation, we could accept some research papers for this issue across the disciplines. We are certain that these papers will provide qualitative information and thoughtful ideas to our accomplished readers. We thank all the readers profusely who conveyed their appreciation on the quality and content of the journal and expressed their best wishes for future issues. We convey our deep gratitude to the Editorial Board, Advisory Board and all office bearers who have made possible the publication of this journal in the planned time frame.

We humbly invite all the authors and their professional colleagues to submit their research papers for consideration for publication in our upcoming issues as per the "Scope and Guidelines to Authors" given at the website. Any comments and observations for the improvement of the journal are most welcome.

Prof. Suresh Makvana, PhD[1]
Editor in Chief,
HOD & Professor, Dept. of Psychology,
Sardar Patel University,
Vallabh Vidyanagar,
Gujarat, India

[1] ksmnortol@gmail.com

The present issue of the journal is edited & published by RED'SHINE Publication (A unit of RED'MAGIC Networks. Inc) at 86/Shardhdha, 88/Navamuvada, Lunawada, Gujarat-389230, India

ABSTRACT

Emotional awareness is the ability to identify and describe one's own emotions, and those of other people (Lane and Schwartz, 1987). The objective of the study is to find out the level of emotional awareness between the HIV Positive and HIV Negative children. The sample size is 60, of which 30 where HIV Positive and 30 where HIV Negative within the age group of (9-14)years. The non-probability sampling technique is used in collecting the data. Emotional awareness questionnaire (Rieffe, 2008) is used to administer the test. The results showed that children suffering with HIV had significantly higher on two subscales of emotional awareness: attention to other's emotions and analysis of emotions (ts>3.01, ps<.01). The correlations done among the subscales of the scale showed differentiating emotions had significant positive correlation with verbal sharing of emotions, bodily awareness of emotions and analysis of emotions; bodily awareness of emotions had positive significant correlation with not hiding emotions and verbal sharing of emotions; and attention to other's emotions had significant positive correlation with bodily awareness of emotions (rs>.287, ps<.02).

Keywords: *HIV/ AIDS, Emotional Awareness.*

INTRODUCTION

In 2013, WHO estimated the number of children below 15 infected with HIV to be 3.2 million globally. Approximately 190,000 children were found to have died from AIDS(WHO report,2013). AIDS (Acquired Immunodeficiency Syndrome) is a disease that compromises the body's immune system, causing it to break down and rendering it unable to fight off infection. AIDS is caused by HIV (the human immunodeficiency virus). The HIV virus weakens the immune system, leaving the body vulnerable to infections and other illnesses, ranging from pneumonia to cancer (American psychiatric association, 2006. HIV infects and destroys certain white blood cells called CD4+ cells. If too many CD4+ cells are destroyed, the body can no longer defend itself against infection. The last stage of HIV infection is AIDS (Acquired Immuno Deficiency Syndrome). People with AIDS have a low number of CD4+ cells and get infections or cancers that rarely occur in healthy people. These can be deadly. But having HIV doesn't mean you have AIDS. Even without treatment, it takes a long time for HIV to progress to AIDS—usually 10 to 12 years. When HIV is diagnosed before it becomes AIDS, medicines can slow or stop the damage to the immune system. If AIDS does develop, medicines can often help the immune system return to a healthier state (HIV &AIDS Health center, 2006)

There is great psychological impact on the increasing number of adolescents and children acquiring the medical and psychosocial consequences of the illness. The physical and psychological care of those children and infected adolescent s are a major challenge, and it effects the whole family system. (Fernadz, Williams and Wilkins 2006).

Children are not only personally affected by HIV/AIDS but it is also affecting their families and their right to a parental care and affection. UNICEF finds that infection can lead children to drop out of school; infection of parents can lead children to engage in child labour in order to survive. Many children are orphaned and highly exposed to abuse, exploitation and neglect because of a loss of a parent(s) or guardian. It is estimated that a child loses a parent to AIDS-related infections every 14 seconds, mostly in Sub-Saharan Africa. Many situations also put children at higher risk of getting infected such as recruitment into armed conflict, trafficking, displacement, etc.

By the time children become orphans, they usually have suffered greatly. In situations where parents die of AIDS-related complications, children experience tremendous emotional trauma witnessing, and struggling to care for, their parents as the parents become increasingly ill and die. As UNAIDS explains, “A myriad of interrelated factors take their toll: grief over the death of a parent, fear about the future, separation from siblings, distress about worsening economic circumstances, and HIV/AIDS-related discrimination and isolation”. That individuals living with HIV/AIDS are subjected to discriminatory practices is well-documented. As a result of discrimination aimed at their HIV-positive parents, children often suffer even before their parents die. The social stigma of HIV/AIDS may result in the family’s isolation as the disease

progresses, further burdening the children. Workplace discrimination may lead to parents losing their jobs, increasing the financial strain on the family.

Unlike virtually any other childhood illness today, HIV presents families with unique social stresses, including public fear and ignorance regarding the nature and transmission of HIV, discrimination, isolation, social ostracism, stigma, and fear of physical and mental disability.hiv also challenges the integrity of the family unit as multiple family members are often infected.HIV/AIDS disproportionately affects minority backgrounds (Center for disease control and prevention, 1997)

The family functioning plays a big role in child psychological adjustment across of a number of different conditions (Thompson & Gustafson, 1996; Daniels et al., 1987). The chronically ill children from poorly functioning families were at greater risk for developing psychological adjustment problems than their healthy counterparts (Pless, Roghmann, and Haggerty, 1972). These problems can be emotional, for example, depression has been related to family functioning or they can be behavioral (Shulman et al., 1991)

Emotional intelligence (EI) theory, which explicates the cognitive and emotional mechanisms that process emotional information, provides a unified framework to study the role of emotional abilities in social functioning (Mayer & Salovey, 1997). Mayer and Salovey's model of EI identifies four interrelated emotional abilities, including the perception, use, understanding and management of emotion. Emotional intelligence is generally said to include 3 skills- Emotional awareness, including the ability to identify your own emotions and those of others; the ability to harness emotions and apply them to tasks like thinking and problems solving; and the ability to manage emotions, including the ability to regulate your own emotions, and the ability to cheer up or calm down another person. Emotional intelligence is the ability to perceive emotions to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge and to reflectively regulate emotions so as to promote emotional intellectual growth. The four-branch model of Emotional Intelligence: *Perceiving and Identifying Emotions* - the ability to recognize how you and those around you are feeling. *Using Emotions to Facilitate Thought* - the ability to generate emotion, and then reason with this emotion. *Understanding Emotions* - the ability to understand complex emotions and emotional "chains," and how emotions transition from one stage to another. *Managing Emotions* - the ability to manage emotions in yourself and in others (Mayer & Salovey, 1997)

The people with high emotional intelligence can be thought of as having attained at least a limited form of positive mental health. These individuals are aware of their own feelings and those of others .They are open to positive and negative aspects of internal experience ,are able to label them, and appropriately, communicate them. Such awareness will often lead to the effective regulation of effect within themselves and others, and so contribute to well being. Thus an

emotionally intelligent person is often a pleasure to be around and leaves others felling better. The emotionally intelligent person, however does not mindlessly seek pleasure, but rather attends to emotions in the path towards their growth (Mayer & salovey, 1997). Developing Emotional Intelligence children's can play a great role not only in their character growth and academic performance. There is now a growing body of research that show that children's academic performance improve when social and emotional factors dealt with explicitly (Petrides, Frederic, Furnham, 2004).

Emotional awareness is a type of cognitive processing that undergoes 5 levels of structural transformation along a cognitive-developmental sequence derived from an integration of the theories of Piaget H. Werner and B. Kaplan (1963).

The 5 levels of structural transformation are awareness of bodily sensations, the body in action, individual feelings, blends of feelings, and blends of blends of feelings (Werner and Kaplan, 1963).

Emotional awareness (EA), may be the skill most fundamental to emotional intelligence (Lane, 2000). EA is the ability to identify and describe one's own emotions, and those of other people. The construct is derived from the developmental levels of emotional awareness (LEA) model, and focuses on the structure and complexity of emotion representations. That is, the capacity to differentiate emotions from one another, and the level of emotion complexity inherent in the description of emotion experiences (Lane and Schwartz ,1987) .This Capacity is regarded as important dimention of self regulation (Luria ,1961) the ability to encode and/or decode facial expressions (Custrini & Feldman, 1989; DeSonneville et al., 2002), and their understanding of, and ability to control, emotion expression (Garber, Braafladt, & Weiss, 1995; Kopp, 1989).An individual with greater awareness of emotions is able to access and utilize emotion information more effectively than individual with less awareness of emotions.

Lane and Schwartz suggested applications of this model to unresolved problems in health area, research and practice. Indeed, some studies have shown that low levels of emotional awareness are related to several clinical conditions, such as depression, eating disorders and substance-addiction.

Though we might be able to lead a productive life, even a "successful" life -- if one defines success by the level of status, education, or material worth -- it is unlikely we will actually ever be happy unless we are very aware of our specific feelings. In fact, it is quite possible to be successful and miserable. It is easy to accept without question other people's definition of success and happiness. But when we become more aware of our own true and unique feelings we are more likely to find our own individual happiness. This may be the essence of using our emotional intelligence. If children are emotionally sensitive, they will feel things sooner than

other children. If they have no emotional sensitivity, or if they have numbed themselves from their feelings, they will not have any emotional awareness at all. Sensitive people living in abusive environments and insensitive cultures learn ways to numb themselves from their feelings because so many of their feelings are painful. These factors may impact their emotional intelligence (Gulati, 2006). So when children go through social isolation, it really effects their emotional intelligence.

The purpose of research study is to examine the emotional intelligence of two groups HIV Positive and HIV Negative). Some similar studies have been conducted in the past.

A Comparative Study of Emotional intelligence between HIV and Normal Children done by Fatima,(2013) showed that HIV and Normal Children do not differ in their emotional intelligence, however mean difference shows that Normal children are slightly more emotionally intelligent then HIV Children.

Another study done for the Evaluation of emotion processing in HIV-infected patients and correlation with cognitive performance research paper by Baldonero (**2013)** discussed about the facial expressions of HIV positive and HIV Negative this study suggests that a deficit in facial emotion recognition was confirmed in HIV-infected patients. For some emotions, a relationship has been demonstrated with variables related to severity of the HIV infection and global cognitive performance, whereas for some other variables (in particular fear) a potential contribution of an asymptomatic cerebral involvement cannot be excluded. Inclusion of an emotion recognition test in the neuropsychological test battery could help clinicians in the long term management of HIV-infected patients, to better understand the cognitive mechanisms involved in the reduction of emotion recognition ability and the impact of this impairment on daily life. Adverse childhood experiences, psychosocial well-being and cognitive development among orphans and abandoned children in five low income countries. This study suggests that increased reports of exposure to potentially traumatic events among orphans and abandoned children are associated with higher emotional difficulties, and increases in emotional difficulties are associated with lags in cognitive development. Hence, exposure to trauma and emotional difficulties comprise important barriers to educational attainment for all such vulnerable children, including orphans. Higher socioeconomic status and better educated caregivers may offer buffers to these difficulties, since they are associated with fewer emotional difficulties and higher performance on tests of cognitive development.

Another study done on Parenting styles and emotional intelligence of HIV Aids children in Thailand (Leea, Lia & Thammawijayab , 2013) suggested that, parenting styles positively plays an important role On emotional intelligence of aids children.

Another study was done on Conceptual models for Mental Distress among HIV-infected and uninfected individuals: A contribution to clinical practice and research in primary-health-care centers in Zambia. The results of this study supported the findings of studies carried out in other developing countries that emphasize the role of social context for understanding mental distress. The patient's conceptual perspective of mental distress is rarely studied and this research demonstrates that the patient's models of illness may differ somewhat from those of health care providers. Their explanatory models were consistent and coherent, and appeared to be associated with health-care-seeking behaviour and coping strategies. Therefore, provision of medical treatment should be taken into account the patient's explanatory models to generate a joint treatment plan. The results in this study suggest that a balance between the professionals' and patients' models is particularly important among HIV-infected individuals. Therefore, their recommended the use of contextualized conceptual models as defining clinical features for understanding the conceptualization of the clinical syndrome of mental distress for clinical and public health interventions(Chipimo,Tuba&Fylkesnes,2011).

The Leserman (2008) studied role of depression, stress, and trauma in HIV disease progression. This study suggested that substantial and consistent evidence that chronic depression, stressful events, and trauma may negatively affect HIV disease progression in terms of decreases in CD4 T lymphocytes, increases in viral load, and greater risk for clinical decline and mortality. More research is warranted to investigate biological and behavioral mediators of these psycho immune relationships, and the types of interventions that might mitigate the negative health impact of chronic depression and trauma. Given the high rates of depression and past trauma in persons living with HIV/AIDS, it is important for healthcare providers to address these problems as part of standard HIV care.

Another study about self esteem showed that Self esteem of Aids children experience a lowered global self-esteem, as well as lowered scores on all of the subscales of self Awareness (Grobler, 2007).

Do the HIV Positive children significantly vary from HIV Negative in Emotional Awareness?

Objectives:

1. To study whether HIV Positive and HIV Negative children differ in their Emotional Awareness
2. To study whether there is any significant correlation between the subscales of Emotional Awareness.

Hypothesis:

1. There is no significant difference between the Emotional Awareness of HIV Positive children and HIV Negative children.
2. There is no significant correlation between the subscales of Emotional Awareness.

Design:
The study was done based on a between groups design and it was quantitative in nature.

Participants:
A non probability purposive sampling was used in collecting the data. All the participants were children with in the age group of 9 to 14 years .Of the 60 participants, 30 Participants were HIV Positive children and 30 were HIV Negative children.

Inclusion Criteria:
Participants who were with in the age group of (9-14).
Participants belonging to lower and middle socio-economic status
Participants who were
- HIV Positive
- HIV Negative

Exclusion Criteria:
Participants who were suffering with diseases other than HIV.
Participants who are below 9 years and above 14 years.
Participants belonging to upper socio-economic status.

Measures
The EAQ-30 is a self-report measure developed by Rieffe et al.(2007) The EAQ measures a number of emotion-awareness aspects, and identifies how adolescents think and feel about emotions, and has been deemed appropriate in identifying relevant areas of emotional functioning related to psychological and behavioral problems (Lahaye et al.,2010).

The 30-item version of the EAQ consists of six subscales: (a) Differentiating Emotions reflects the ability to identify, differentiate, and understand the causes of one's emotions; (b) Verbal Sharing of Emotions measure the ability to communicate feeling to others; (c) Bodily Awareness of Emotions reflects physical sensations of emotions;(d) Not Hiding Emotions captures overt, but non-impulsive expression of emotions; (e) Attention to Others' Emotions reflects willingness to face emotions of others; and (f) Analysis of Emotions reflects willingness to face one's own emotion. Respondents are asked to rate each item as it pertains to them on a three-point scale (1 = not true, 2 = sometimes true, 3 = often true). Some items are negatively formulated, and therefore reversed-scored. A higher score indicates greater capacity for emotional competency. The internal consistencies of the six subscales were found to be satisfactory for adolescents (Lahaye et al., 2010). Compared to the initial 40-item version (Rieffe etal., 2007), the EAQ-30 is shorter and reflects a clear factor structure. Initial validation studies suggest internal consistency, and inter-item correlations of subscales meet acceptable standards. All scales correlate positively with conceptually related measures for trait emotional intelligence, and negatively correlated

with measures of somatic complaints, depression, and anxiety (Lahaye et al.). Each factor has been found to contribute uniquely to the prediction of internalizing symptoms in children.

Procedure:

Participants for the study were personally contacted by the researcher after finding out whether they are suffering from HIV or not. The study was conducted face to face after an informed consent was given by the participants. Though they were provided with written instructions, the participants were also instructed verbally. They were also urged to clarify doubts and ask questions regarding any aspect of the study. The researcher reassured them that their data would remain confidential.

Mean, Standard Deviation, t-test and Pearson's Product Moment Correlation were the statistics used to analyze the data.

RESULTS

Table1 Mean, S.D and t ratio of HIV Positive and HIV Negative children.

Subscales	**HIV Positive**		**HIV Negative**		**t ratio**
	Mean	**S.D**	**Mean**	**S.D**	
Differentiating emotions	7.4	2.85	6.63	2.77	**-1.05**
Verbal sharing of emotions	3.16	1.59	2.76	1.65	**-0.95**
Bodily awareness of emotions	4.86	2.30	4.26	2.65	**-0.93**
Not hiding emotions	5.86	2.66	5.1	2.77	**-1.09**
Attention to others emotions	7.26	1.65	5.6	1.95	**-3.5***
Analysis of emotions	7.76	2.06	6.26	1.77	**-3.01***
*P<0.05					

Table 2 : Coorelation between the six sub scales

	Differentiating emotions	**Verbal sharing of emotions**	**Bodily awareness of emotions**	**Not hiding emotions**	**Attention to others emotions**	**Analysis of emotions**
Differentiating emotions	1					
Verbal sharing of emotions	0.33**	1				
Bodily awareness of emotions	0.233**	0.202**	1			
Not hiding emotions	0.319	0.325	0.327**	1		
Attention to others emotions	-0.034	0.067	0.162**	0.286	1	
Analysis of emotions	0.321**	0.116	0.177	0.083	0.201	1

**p<0.01

Table 1 shows that Mean and Standard Deviation of the differentiating emotions (M=7.74, S.D=2.85) in HIV Positive children and (M=6.63, S.D=2.77) in HIV Negative children. As independent t test were performed and no significant difference was found, t (58) =-1.05, p<0.05.There was no significant difference found between the two groups.

Mean and Standard Deviation of the verbal sharing of emotions (M=3.1, S.D=1.5) in HIV Positive children and (M=2.76, S.D=1.6) in HIV Negative children .As independent t test were performed and no significant difference was found, t (58) =-0.95, p>0.05. There was no significant difference found between the two groups

Mean and Standard Deviation of the Bodily awareness of emotions (M=4.86, S.D=2.30) in HIV Positive children and (M=4.26,S.D=2.65) in HIV Negative children. As independent t test were performed and no significant difference was found, t (58) =-0.93, p>0.05.There was no significant difference found between the two groups.

Mean and Standard Deviation of the Not hiding emotions (M=5.86, S.D=2.66) in HIV Positive children and (M=5.1, S.D=2.7) in HIV Negative children. As independent t test were performed and no significant difference were found, t(58) =-1.09, p>0.05. There was no significant difference was found between the two groups.

Mean and Standard Deviation of the Attention to others emotions (M=7.26, S.D=1.65) in HIV Positive children and (M=5.6, S.D=1.95) in HIV Negative children. As independent t test were performed and significant difference were found, t (58)=-3.5,p<0.05.There was a significant difference found between the two groups.

Mean and Standard Deviation of the Analysis of emotions (M=7.76, S.D=2.06) in HIV Positive children and (M=6.26, S.D=1.77) in HIV Negative children. As independent t test were performed and significant difference were found, t (58) =-3.01, p<0.05. There was significant difference found between the two groups.

Table 2 shows that Pearson's Product Moment Correlation was performed between Differentiating emotions and Verbal Sharing of emotions. The results reported that there was significant positive correlation between Differentiating emotions and Verbal Sharing of emotions, *r* (58) =0.33, *p*<0.01.

Pearson's Product Moment Correlation was performed between the Bodily Awareness of emotions and differentiating emotions .The results reported that there was significant positive correlation between Bodily Awareness of emotions and Differentiating emotions, *r*(58) =0.233, *p*<0.01.

Pearson's Product Moment Correlation was performed between the Bodily Awareness of emotions and verbal sharing of emotions. The results reported that there was significant positive correlation between Bodily Awareness of emotions and verbal sharing emotions, *r*(58) =0.232, *p*<0.01.

Pearson's Product Moment Correlation was performed between Not hiding emotions and Differentiating emotions. The results reported that there was no significant correlation between Not hiding emotions and Differentiating emotions, *r*(58) =0.319, *p*<0.01.

Pearson's Product Moment Correlation was performed between Not hiding emotions and verbal sharing of emotions. The results reported that there was no significant correlation between Not hiding emotions and verbal sharing of emotions, *r*(58)=0.325, *p*<0.01.

Pearson's Product Moment Correlation was performed between Not hiding emotions and Bodily Awareness of emotions. The results reported that there was significant positive correlation between Not hiding emotions and Bodily awareness of emotions, *r*(58)=0.327, *p*<0.01.

Pearson's Product Moment Correlation was performed between Attention to others emotions and Differentiating emotions. The results reported that there was no significant correlation between Attention to others emotions and Differentiating emotions, *r*(58)=0.034, *p*<0.01.

Pearson's Product Moment Correlation was performed between Attention to others emotions and verbal sharing of emotions .The results reported that there was no significant correlation between Attention to others emotions and verbal sharing of emotions , $r(58)=0.0.67$, $p<0.05$

Pearson's Product Moment Correlation was performed between Attention to others emotions and Bodily Awareness of emotions. The results reported that there was significant positive correlation between Attention to others emotions and Bodily Awareness of emotions, $r(58) =0.162$, $p<0.01$.

Pearson's Product Moment Correlation was performed between Attention to others emotions and Not hiding of emotions. The results reported that there was no significant correlation between Attention to others emotions and Not hiding emotions, $r(58)=0.286$, $p<0.01$.

Pearson's Product Moment Correlation was performed between Analysis of emotions and Differentiating emotions. The results reported that there was significant positive correlation between Analysis of emotions and Differentiating emotions, $r(58)=0.321$, $p<0.01$.

Pearson's Product Moment Correlation was performed between Analysis of emotions and verbal sharing of emotions. The results reported that there was no significant correlation between Analysis of emotions and verbal sharing of emotions, $r(58)=0.116$, $p<0.01$.

Pearson's Product Moment Correlation was performed between Analysis of emotions and Bodily Awareness of emotions. The results reported that there was no significant correlation between Analysis of emotions and Bodily Awareness of emotions, $r(58)=0.117$, $p<0.01$.

Pearson's Product Moment Correlation was performed between Analysis of emotions and Not hiding emotions. The results reported that there was no significant correlation between Analysis of emotions and Not hiding emotions, $r(58)=0.083$, $p<0.01$.

Pearson's Product Moment Correlation was performed between Analysis of emotions and Attention to others emotions. The results reported that there was no significant correlation between Analysis of emotions and Attention to others emotions, $r(58)=0.233$, $p<0.01$.

DISCUSSION

Children are the most important assets of a country, because it is they who will become tomorrow's young men and will provide the human potential required for the country's development (Chaturvedi, 1979).There is great psychological impact on the increasing number of adolescents and children acquiring the medical and psychosocial consequences of the illness. The physical and psychological care of those children and infected adolescents are a major challenge, and it effects the whole family system. (Fernadz, Williams, 2006).

The research was conducted by administering emotional awareness questionnaire on both the groups. The sample is 60, of which 30 were HIV Positive and 30 were HIV Negative. The data was collected and then analyzed using statistics like Mean, S.D, Independent t test and Pearson Product moment correlation. The results showed that children suffering with HIV had significantly higher on two subscales of emotional awareness: attention to other's emotions and analysis of emotions. Thus hypothesis one was not accepted.

Since analysis revealed that HIV positive children are slightly emotionally aware than HIV Negative children due to counseling and family support. Psychological and psychiatric treatment played a positive role in the emotional development of HIV Positive children. Due to this, the children were able to adapt to the situations and manage their emotions. These interventions help children to deal with situations and also to cope with them. A study was conducted on the positive role of Counseling and supporting parents of children with developmental delay. This paper described an evaluation study of a home-based, family focused counseling scheme providing support for English-speaking and Bangladeshi families of children with intellectual or multiple disabilities. Mothers and children in the intervention groups showed significant and positive changes compared to randomly allocated controls. The greatest benefits were derived by the more deprived and initially less well-supported Bangladeshi families. Mothers changed positively in ratings of perceived support and family functioning, and in their constructions of their child, themselves, husbands and family relationships. Although systematic teaching was not included, their children also showed improvements in developmental progress and behavior problems (Davis & Ruston, 1991)

HIV Peer Counseling and the Development of Hope: Perspectives from Peer Counselors and Peer Counseling Recipients (Harris & Larsen. AIDS, 2007): Peer counseling is becoming an increasingly viable treatment option when working with people living with HIV and AIDS, especially during the diagnostic process. Unfortunately, little research has looked at the perceived benefits of peer counseling from the perspectives of clients receiving the services and those providing the services. In addition, research suggests that hope can help people living with HIV to deal with the HIV diagnosis and to improve their lifestyles.

Parent Counselling: An Evaluation of a Community Child Mental Health Service Health visitors and Clinical Medical Officers (CMOs) were trained in parent counselling and worked at home in a highly deprived area with parents of preschool children with multiple psychosocial problems. Their basic aims were to establish a mutually respectful partnership and to support parents in managing their diverse problems. Detailed evaluation indicated that the Service was highly valued by both parents and referrers, and suggested significant changes, including: improvements in the severity of problems; increased parental self-esteem; decreased levels of parental stress and emotional difficulties; more positive constructions of their children;

improvements in the home environment; and decreased child behavioral problem (Davis & Spurr, 1998)

The correlation done among the subscales, reported that differentiating emotions had significant positive correlation with verbal sharing of emotions, bodily awareness of emotions and analysis of emotions; bodily awareness of emotions had positive significant correlation with not hiding emotions and verbal sharing of emotions; and attention to other's emotions had significant positive correlation with bodily awareness of emotions.

The practical implications of the study is to educate the people about the Psychiatric treatment and therapies for HIV, which can help the HIV patients to deal with the situations and handle stress. If the HIV positive children are not taken care, this may lead to so many psychosocial problems in future. So HIV effected children should be handled very carefully even during the HIV Disclosure. The study should be done on the HIV Positive children after the HIV Disclosure and before the HIV Disclosure which can give accrete effectiveness of interventions in the HIV children. The gender studies should be done in the HIV Positive children. Inclusion of an emotion recognition test in the neuropsychological test battery could help clinicians in the long term management of HIV-infected patients, to better understand the cognitive mechanisms involved in the reduction of emotion recognition ability and the impact of this impairment on daily life. Adverse childhood experiences, psychosocial well-being and cognitive development among orphans and abandoned children in five low income countries. This study suggests that increased reports of exposure to potentially traumatic events among orphans and abandoned children are associated with higher emotional difficulties, and increases in emotional difficulties are associated with lags in cognitive development. Hence, exposure to trauma and emotional difficulties comprise important barriers to educational attainment for all such vulnerable children, including orphans. Higher socioeconomic status and better educated caregivers may offer buffers to these difficulties, since they are associated with fewer emotional difficulties and higher performance on tests of cognitive development.

LIMITATIONS

The sample size was small consisted of only 60 participants. The sample mainly consisted of lower class and middle class. The gender studies are not done .Mostly the sample consisted of 12 to 14 years children.

RECOMMENDATIONS

The HIV Positive children should be handled very carefully even during the HIV Disclosure. The study should be done on the HIV Positive children after the HIV Disclosure and before the HIV Disclosure which can give accrete effectiveness of interventions in the HIV children. The gender studies should be done in the HIV Positive children.

ACKNOWLEDGEMENTS

I would like to extend my deepest gratitude to Ms. Malika ma'am for her guidance and help. I would also like to extend my gratitude to the Psychology Department, St Francis College for women; Dr.Babji, Ratnakar. I would also like to thank Arshiya and Swathi for assistance.

REFERENCE

Baldonero, E., Ciccarelli, N., Fabbiani, M., Colafigli, M., Improta, E., D'Avino, A. & Silveri M. C. (2013). Evaluation of emotion processing in HIV-infected patients and correlation with cognitive performance. BMC psychology, 1(1), 3.

Chipimo, P. J., Tuba, M., & Fylkesnes, K. (2011). Conceptual models for Mental Distress among HIV-infected and uninfected individuals: A contribution to clinical practice and research in primary-health-care centers in Zambia. BMC health services research, 11(1), 7.

Davis, H., & Rushton, R. (1991). Counseling and supporting parents of children with developmental delay: a research evaluation. Journal of Intellectual Disability Research, 35(2), 89-112.

Francisco Fernandez, Pedro Ruiz Lippincott Williams & Wilkins, 2006(Psychiatric Aspect of HIV/AIDS

Harris, G. E., & Larsen, D. (2007). HIV peer counseling and the development of hope: Perspectives from peer counselors and peer counseling recipients. AIDS patient care and STDs, 21(11), 843-860.

Ishii, R.,&Canuet,L. (2014). EEG biomarkers of Neuro AIDS. Clinical Neurophysiology

APPENDIX 1

STATEMENT TO SUBJECTS

Thank you for agreeing to participate in this study being conducted by the St. Francis College, Hyderabad. We would like to ask you some questions as part of this study. This study seeks to understand the emotional awareness among children.

All answers will be kept confidential by separating the information you provide from your personal information. Nobody other then the researcher will know what you answered. We request you to provide us with honest responses to all questions. Participation in the survey is completely voluntary. If there is any question you don't want to answer, you have the option of quitting the study. There will be no consequences for not completing the study.

If your email id are collected during the survey, they will be kept as a separate record, only for the purpose of granting you credit for participation. They will not be linked to your answers.

There are no known risks associated with your participation in this research beyond those of everyday life. Your participation will help the research since your views are important. We will ask you to answer about 30 questions. We request that you complete this in one sitting, and take the study alone.

If there is anything about the study or your participation that is unclear or that you do not understand, if you have questions or wish to report a research–related problem, you may contact Malika M. at malika@cantab.net

At this time, do you consent to participating in this survey? Yes/ No

Signature

_____

DEMOGRAPHICS

Before we begin, please answer some questions about yourself:

1. What is your age in years?
2. What is your gender? Male/ Female
3. What is your highest educational qualification?
4. What is your socio- economic status?
   - Low socio economic status
   - Middle socio economic status
   - High socio economic status
5. When were you diagnosed with AIDS? (in years)

APPENDIX 2

	Not True	Sometime True	True
1 I am often confused or puzzled about what I am feeling			
2 I find it difficult to explain to a friend how I feel			
3 Other people don't need to know how I am feeling.			
4 When I am scared or nervous, I feel something in my tummy			
5 It is important to know how my friends are feeling			
6 When I am angry or upset, I try to understand why			
7 It is difficult to know whether I feel sad or angry or something else			
8 I find it hard to talk to anyone about how I feel			
9 When I am upset about something, I often keep it to myself			
10 When I feel upset, I can also feel it in my body			
11 I don´t want to know how my friends are feeling			
12 My feelings help me to understand what has happened			
13 I never know exactly what kind of feeling I am having			
14 I can easily explain to a friend how I feel inside			
15 When I am angry or upset, I try to hide this			
16 I don´t feel anything in my body when I am scared or Nervous			
17 If a friend is upset, I try to understand why			
18 When I have a problem, it helps me when I know how I feel about it			
19 When I am upset, I don´t know if I am sad, scared or angry			
20 When I am upset, I try not to show it			
21 My body feels different when I am upset about something			
22. I don't care about how my friends are feeling inside			
23. It is important to understand how I am feeling			
24. Sometimes, I feel upset and I have no idea why			
25. When I am feeling bad, it is no one else's business			

	Not True	Sometime True	True
26. When I am sad, my body feels weak			
27. I usually know how my friends are feeling			
28. I always want to know why I feel bad about something			
29. I often don't know why I am angry			
30. I don´t know when something will upset me or not			

Edited, Printed and Published by RED'SHINE Publication. (India) Inc.
on behalf of the RED'MAGIC Networks. Inc. (www.redmac.in)
86: Shradhdha, 88 Navamuvada, Lunawada, Gujarat-389230
www.redshinepub.eu.pn | info.redshine@asia.com | Co.no: +91 76988 26988
www.ijip.in | info.ijip@gmail.com | journal@ijip.in

Special Issue May 2016 by Shivani Verma