

## Self Disclosure of HIV-Positive Women with Counselors at “Bahagia” Medan Social Rehabilitation Center for People with HIV (BRSODH)

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### Abstract

*This study aims to describe and analyze how the self-disclosure of women victims of HIV in conducting interpersonal communication with counselors. The research was conducted at the Center for the Social Rehabilitation of People Living with HIV (BRSODHA) "BAHAGIA" Medan. This study uses a qualitative method with a constructivism approach. The research subjects in this study were 2 (two) women HIV victims at BRSODH "Bahagia" Medan and 1 (one) triangulation informant, namely a counselor at BRSODH "Bahagia" Medan. The data collection technique used in-depth interviews, while the theories used as references in this study were the theory of interpersonal communication, self-disclosure and the theory of social penetration. Research findings show that in self-disclosure interpersonal communication, HIV victims are open about the topic of personal experiences, feelings and problems they face. Both informants admitted to telling the topic in depth but still filtering what was revealed. Both informants were afraid and embarrassed to talk about the future because they were afraid to have expectations that did not meet their expectations. Both informants tend to be more comfortable doing self-disclosure to fellow PLWH compared to counselors because of their similarity in status.*

### Keywords

self-disclosure; HIV victims; counselors



## I. Introduction

HIV (Human Immuno Deficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) are one of the biggest problems facing mankind today. The case of HIV/AIDS is still an important problem in the world of health, because in addition to the drugs and vaccines that have not been found properly, the spread is also very fast and easy. In Indonesia and also in the world, HIV/AIDS is a terminal disease with a very complex impact, which includes physical, social and psychological aspects. Tambunan, et al (2020) stated that HIV (Human Immunoeficiency Virus) is a virus that damages the immune system, by infecting and destroying CD4 cells.

Women who have become housewives are not included in the high-risk population. According to the Indonesian Ministry of Health (2016) stated that housewives are said to be a low-risk group of women because they are infected through sexual intercourse with a partner (husband) who has been previously infected and women who become housewives do not directly engage in risky behavior that can lead to HIV-AIDS. . Women (housewives) generally contract HIV from their husbands who commit social deviance, either because they change partners frequently or because they use injecting drugs.

As a woman who has become a housewife is not an easy thing because individuals are required to be able to play a series of roles simultaneously. The role as a housewife

causes continuous responsibility in paying attention to home health and household management, managing everything in the household to improve the quality of life. Housewives as women who contracted HIV through their husbands tend to experience greater pressure in dealing with their situation, because they do not engage in risky behavior but have to experience the positive impact of HIV.

To support PLWH in getting all information related to HIV, PLWH is accompanied by a counselor. In the counseling process, it is necessary to have self-disclosure from an ODH so that the counseling process can run smoothly. Opening up to others is not easy, there are many factors to opening up to others. In addition, in the process of interpersonal communication, there are obstacles that make a person think about opening up. Communication planning is one thing that is very urgent to do in urban development activities. This is important, because communication planning aims to help achieve programs effectively and efficiently (Kholil, 2019).

The form of support for PLWH in order to obtain all health service information related to HIV, an PLWH must be accompanied by a counselor. Mentoring activities by HIV counselors are useful for providing motivation for support related to emotional, psychological, social, and spiritual well-being.

Self-disclosure from PLWHA to tell chronologically about their illness during the counseling process, is very helpful for counselors in providing feedback related to important, motivating information that can support the social and emotional development of PLWHA. The low self-disclosure of people living with HIV may hinder the counseling process.

Focus of the research in this study is the self-disclosure of Women Victims of HIV with Counselors at the Center for the Social Rehabilitation of People Living with HIV (BRSODH) "Bahagia" Medan. More specifically, this research is about self-disclosure of interpersonal communication between counselors and women victims of HIV and its obstacles.

Objectives of the research on the self-disclosure of women victims of HIV with counselors at the Center for the Social Rehabilitation of People Living with HIV (BRSODH) "Bahagia" Medan are as follows:

- a. To analyze the self-disclosure of women victims of HIV in conducting interpersonal communication to counselors at the Center for the Social Rehabilitation of People With HIV (BRSODH) "Bahagia" Medan.
- b. To analyze the barriers to self-disclosure of women victims of HIV in conducting interpersonal communication to counselors at the Center for the Social Rehabilitation of People With HIV (BRSODH) "Bahagia" Medan

## **II. Review of Literature**

### **2.1 Interpersonal**

Communication is one of the very basic human needs. Like eating and drinking, humans need communication for their survival. Communication is like a heartbeat, its existence is very important for human life. Communication is the basis of all human interactions. Because without communication, interaction between humans, both individually, in groups, and in organizations, is impossible. Most human interactions take place in interpersonal communication situations or what is called interpersonal communication.

An appropriate opinion was also expressed by R. Wayne Pace as quoted by Cangara (2019: 32) who argues that interpersonal communication is a communication process that

takes place between two or more people face to face where the sender can convey messages directly and the recipient of the message can receive and receive messages respond directly.

Based on this opinion, interpersonal communication will actually only be created if there is awareness from two parties to observe the situation of each party and provide a response to the situation as is the nature of communication, then the relationship that occurs is marked by an attitude of mutual attention, mutual understanding, full understanding and familiarity. The understanding in question does not only occur in the communication material, but also in the understanding of the uniqueness of each individual. Awareness of these differences allows communication to grow and develop.

In terms of health services, interpersonal communication is needed to establish a good relationship between counselor and client. Counselors provide assistance to clients to solve problems through interactions face to face. Therefore, both parties are required to have good interpersonal communication skills so that the relationship takes place effectively, efficiently, and the objectives of the health communication activities carried out can be achieved. As long as the counselor and client interact, there is a need for self-disclosure, namely conveying ideas, ideas, and feelings that exist within each other. The client is expected to be open, if it is difficult for the client to do so, the counselor's job is to open the contents of the client's thoughts and feelings. Thus, the interpersonal communication referred to in this study is communication between the counselor and the client in this case is a woman victim of HIV.

## 2.2 Self Disclosure

In the purpose and function of interpersonal communication, it is explained that such communication can establish a more meaningful relationship with other individuals. The formation of a more meaningful relationship, of course, cannot be separated from the existence of self-disclosure or self-disclosure. Self-disclosure is a form of communication that reveals who we are to others. Self disclosure is the process of communicating personal information to others.

This self-disclosure can be in the form of sharing feelings or information related to certain topics, such as information, behavior, attitudes, feelings, desires, motivations and ideas that are appropriate and contained within the person concerned. The depth and self-disclosure of a person depends on the situation and the person with whom he or she interacts. This is in line with the opinion expressed by Wrightman quoted by Hidayat (2012:106) who argues that self-disclosure or self-disclosure is the process of presenting oneself which is manifested in activities of sharing feelings and information with others.

The information to be conveyed depends on a person's ability to do self-disclosure. If communication between two people goes well, there will be disclosure that pushes information about each other into the "open" quadrant. Although self-disclosure encourages openness, openness itself has its limits. Quoting Devito's opinion (2011: 63) which defines and emphasizes that self-disclosure is confidential or stored information that is communicated to others which becomes a form of communication.

By doing self-disclosure to others, various benefits will be obtained for those who want to reveal themselves. Here are some of the benefits of self-disclosure as stated by Devito (2011: 67-69), including:

- a. Self-knowledge, one of the benefits of self-disclosure is that we get a new perspective on ourselves in a deeper understanding of our own behavior.
- b. Ability to cope with adversity, another closely related argument that we will be better able to cope with our problems or difficulties, especially feelings of guilt, is through

self-disclosure. By expressing our feelings and receiving support instead of rejection, we become better equipped to deal with feelings of guilt and perhaps reduce or even eliminate them.

- c. Efficiency of communication, one understands messages from others to a large extent as far as we understand other people individually.
- d. Relationship depth, with self-disclosure we tell others that we trust them, value and care enough about them and about our relationship to reveal ourselves to them.

Self-disclosure is basically not just providing information to others about what is experienced by each individual but can provide benefits to both parties, either to the source of information or to other people where someone shares experiences or events that are felt.

### **2.3 Social Penetration Theory Social**

Penetration theory was popularized by Irwin Altman and Dalmas Taylor. This theory generally discusses how closeness develops in a relationship. It is explained in this theory that in the process of communication interpersonal, communication tries to adapt to the communicator and vice versa communicators also try to adapt to the communicant. Social penetration theory refers to the process of bonding relationships in which individuals move in superficial communication towards more intimate communication (Agustin, 2013). With this explanation, the theory of social penetration can also be interpreted as a model that shows the development of relationships, namely the process by which people get to know each other through activities self-disclosure. Social penetration theory generally discusses the process of communication interpersonal.

Altman & Taylor (Agustin, 2013) explain several stages in the process of social penetration, including the following:

#### **a. Orientation**

Stage the earliest stage of interaction, referred to as the orientation stage. Communication that occurs is not personal (impersonal). The individuals involved only pass on very general information. At this stage, only a small part of us is revealed to others.

#### **b. The exchange stage of affective exploration**

The exchange stage of affective exploration is an expansion of the public area of the self and occurs when aspects of an individual's personality begin to emerge. What was private begins to become public. If at the orientation stage, people are careful in conveying information about themselves, then at this stage people expand or expand their public sphere. This stage occurs when people begin to reveal their personality to others

### **2.4 Affective Exchange Stage the Affective Exchange**

Stage includes more “carefree and relaxed” interactions in which communication is often spontaneous and individuals make quick decisions, often paying little attention to the relationship as a whole. This stage is marked by the emergence of close friendships or relationships between individuals that are more intimate. This third stage will not be entered, unless the parties in the previous stage have received a fairly significant reward compared to the costs incurred. Thus, greater commitment and a more comfortable feeling towards the other party also characterize this stage. In addition messages nonverbal conveyed will be easier to understand. Words, expressions or behaviors that are more personal and even unique are more widely used at this stage. However, this stage is also marked by the existence of mutual criticism, differences of opinion and even hostility between individuals, but according to Altman & Taylor, they have not been able to

threaten the continuity of the relationship that has been developed. At this stage, there are no barriers to getting closer to each other, however, many people are still trying to protect themselves from feeling too weak or vulnerable by not revealing too sensitive personal information.

### **2.5 Stable Exchange Stage the Stable Exchange**

Stage is related to the open expression of thoughts, feelings and behavior which results in the emergence of high spontaneity and uniqueness of the relationship. At this stage, individuals have built their personal communication system which, according to Altman & Taylor, will result in efficient communication. This means that at this stage, the meaning can be interpreted clearly and without doubt.

### **2.6 Social Rehabilitation Center for People Living with HIV (BRSODH) “Bahagia” Medan**

Social Rehabilitation Center for People with HIV (BRSODH) “Bahagia” Medan is the Technical Implementation Unit (UPT) of the Ministry of Social Affairs which carries out social rehabilitation for people living with HIV. BRSODH “Bahagia” Medan is under and directly responsible to the director General of Social Rehabilitation. The working area of BRSODH “Happy” Medan covers the provinces of Aceh, North Sumatra, West Sumatra, Bengkulu, Bangka Belitung, Lampung, South Sumatra, Jambi, Riau Islands, South Kalimantan, East Kalimantan, Central Kalimantan, West Kalimantan, and North Kalimantan. BRSODH “Happy” Medan is located at Jalan Williem Iskandar No. 377, Sidorejo Hilir, Kec. Medan Tembung, Medan City, North Sumatra 20222.

Center for the Social Rehabilitation of People Living with HIV (BRSODH) “Bahagia” Medan has a counseling program with counselors, the role of this counselor is very important in changing the behavior of women victims of HIV in order to be able to grow a healthy lifestyle for themselves. Counselors at BRSODH “Bahagia” Medan use interpersonal communication in carrying out counseling activities with the aim of establishing closeness between counselors and women victims of HIV because previously women victims of HIV tend to be closed, they feel afraid if their environment finds out that they are HIV positive. This counseling activity is generally carried out twice a week, starting from group counseling and personal counseling, but this depends on the situation and condition of women who are HIV victims. The counselor acts as a place to tell stories so that women who are HIV victims consider the counselor as a friend who can strengthen them to be able to rise from adversity.

## **III. Research Methods**

Type of research used in this study is field research, where this study focuses on the results of data collection from specified informants (Moleong, 2017: 50). Field research (field research) can also be considered as a method for collecting qualitative data, which is intended to study in depth about a way of the social unit. While the approach used in this research is qualitative.

## **IV. Results and Discussion**

The researcher will analyze and discuss the results of the research findings obtained from in-depth interviews and observations from resource persons and counselors regarding self-disclosure and interpersonal communication that they do so that the process of occurs



self-disclosure in telling personal experiences, problems they are facing, hopes and future plans that they will do.

#### **4.1 Self-disclosure of Women Victims of HIV with Counselors at the Center for the Social Rehabilitation of People Living with HIV (BRSODH) “Bahagia” Medan**

In self-disclosure, self-disclosure can be descriptive, namely facts about oneself that are less personal, such as work, hobbies, and so on; and evaluative, which relates to the opinions, thoughts, and feelings of individuals towards something. However, self-disclosure can also be explicit, in which case self-information is more confidential because it is impossible for others to know.

Self disclosure is considered as something of a dilemma; on the one hand, self-disclosure can provide benefits, such as health, support, and psychological well-being; while on the other hand, self-disclosure can lead to various risks, such as rejection, stigmatization, and various other discriminatory actions. The process self-disclosure can be very complex and full of mixed emotions. The results are unpredictable and sometimes difficult for informants to deal with. This resulted in informants becoming increasingly indecisive in determining the decision to conduct self-disclosure.

PLWHA tend to show poorer physical and emotional health so that the need for support for PLWHA is generally higher than for people with other chronic diseases. This is because specifically PLWHA will experience a decrease in physical function, psychological health, and independence as a result of disease progression.

Aspects of trust and closeness are interrelated to the process self-disclosure. Closeness here refers to psychological closeness, which can be interpreted as a feeling of attachment and connection with other people. People who are trusted by participants are also people who have psychological closeness with participants. In these targets, self-disclosure does not only cover the issue of HIV or what is referred to in this study as an explicit dimension; but also includes a descriptive dimension, which relates to the daily life of the participants, and an evaluative dimension, which relates to the judgments and personal feelings of the two informants and even related to future plans.

Some of the benefits of the process are self-disclosure also felt by the victims of PLWHA. These benefits include:

*First*, Mrs. LA and Mrs. ST again get very good self-awareness. If previously they had slumped and lost their identity and self-confidence, with interpersonal communication, they can find self-awareness again.

*Second*, Build closer and deeper relationships, help each other and be more meaningful to both parties. From this self-disclosure, trust will arise from both parties so that in the end a true and closer relationship will be established.

*Third*, reduce shame and increase self-acceptance. When others can accept us, we can accept ourselves.

*Fourth*, solve various conflicts and interpersonal problems. If other people know the needs, fears, frustrations that are being experienced, it will be easier for them to sympathize or provide assistance so that it is in accordance with what is expected.

*Fifth*, gain additional energy and become more spontaneous. Keeping a secret requires a lot of energy and in such a condition a person will be more angry, tense, quiet and not cheerful. By providing information to others about the feelings that are being faced, the various tensions that exist will disappear or reduce by themselves.

Mrs. LA and Mrs. ST did self-disclosure by telling several topics such as personal experiences, feelings, problems faced, hopes and future plans. Of the several topics, not all topics are told in depth and broadly. The topics told in depth and broadly are about their

personal experiences, feelings and problems they face. Mrs. LA and Mrs. ST admitted to telling the topic in depth but still filtering the discussion, they were able to sort out things that should be disclosed and not disclosed. This in-depth topic is included in the open area where both informants know themselves and are ultimately known by others.

The topic that is told widely but not deeply is the topic of hopes and plans for the future. Mrs. LA and Mrs. ST focus on what they are going through now, but still share their hopes and future plans even though sometimes Mrs. LA also says she doesn't know her future plans. Mrs. ST said that sometimes she felt afraid and embarrassed to talk about the future, she was afraid to have expectations that did not meet her expectations. The topic is included in the open area where they continue to tell the topic even though it is not deep. The parts that Mrs. LA and Mrs. ST filter are included in the hidden area where they don't tell what they think other people shouldn't know. Meanwhile, the topic of future plans that are not known to Mrs. LA is included in the unknown area. The topics that were told during the self-disclosure were carried out for approximately 35 minutes to 1 hour each session. The duration that takes longer is the topic that discusses personal experiences, feelings and problems faced, because these three topics are told in depth and broadly.

#### **4.2 Barriers to People Living with HIV (PLWH) in Conducting the Counseling Process**

Based on the findings that the researcher got after interviewing Mrs. LA and Mrs. ST, it can be concluded that the information they or HIV victims have not received is maximal in knowing social rehabilitation centers for people with HIV (BRSODH.) so that many of the victims feel hopeless and even live the last remnants of their lives in the hospital. Although in the end after doing rehabilitation their condition is much better than before, but many of them still do not know what benefits they will get if they register themselves in a rehabilitation center.

After learning about the existence of the Social Rehabilitation Center for People with HIV (BRSODH), it is not uncommon for them to choose to close themselves to people who are not in the same situation as them. Their interest in communicating is more for people who suffer from the same disease as them, therefore based on the results of previous interviews, many of them cannot express themselves freely. This is influenced because usually people will be more open to other people who have attributions to them such as people who can be trusted or can keep secrets and people who feel they have the competence to help them in dealing with the problems they are facing.

Mrs. Mai as a counselor at BRSODH "Bahagia" Medan also explained that in every meeting she held, she tried to understand the feelings they were feeling or they were facing by listening more and paying more attention to them so that they could more freely get information and be able to provide solutions to solve problems. they. Although at BRSODH "Bahagia" there is a schedule for counseling such as Tuesday for group counseling and Thursday for personal counseling, he said that the counseling process is mostly carried out at a predetermined time even with a fairly long duration.

In the process self-disclosure, a long duration of time will have a positive effect on Mrs. LA and Mrs. ST so that those who receive the benefits can increase their self-awareness to find out what psychological needs and issues are in themselves through input and solutions that have been carried out with empathy. and honesty. In addition to building a more intimate relationship, this also enabled the two informants to reduce their burden and shame about the conditions they faced, thus making them more confident and more enthusiastic.

Another obstacle that greatly affects the efficiency of counseling is when there is a change of counselor. Changing of counselors sometimes occurs because the primary counselor has a barrier to entry according to his schedule. The process of changing the counselor then made one of the informants, Mrs. ST, awkward to communicate. This is understandable because as has been explained in the theory self-disclosure that one of the components of interpersonal communication is the existence of a process of duration or time span to lead to deeper and broader communication. The depth and breadth of information is very dependent on the time span (duration) of self-disclosure between the two informants and the counselor. Such obstacles are indeed things that must be seriously considered by the orphanage to avoid repeating the exploration and expansion of the information to be obtained from PLWH.

In addition, if then the main counselor substitute has a different gender from the informant. Substitute counselors who have different genders with informants make it increasingly difficult to explore interpersonal information. This also attracted the researchers' attention because when the substitute counselor had a different gender, Mrs. LA and Mrs. ST became increasingly awkward to communicate. From this case, it can also be seen that the gender factor is one of the determinants of the success of self-disclosure. From this it can be understood that the level of comfort in conducting interpersonal communication is very different when the communicant and communicator have different gender backgrounds. ST mothers who are female are more secretive in providing information if the counselor is male. This is because there are some things that are quite sensitive for women to express in front of men so that they are much more awkward. The second informant, Mrs. ST felt that female counselors would understand more about the fate they were going through so that female counselors deserved to listen to their personal information.

## V. Conclusion

Based on the findings obtained in this study, the researchers can draw the following conclusions:

1. In self-disclosure interpersonal communication, women victims of HIV are open about topics about personal experiences, feelings and problems they face. Mrs. LA and Mrs. ST admitted to telling the topic in depth but still filtering what was said. The topic that is told widely but not deeply is the topic of hopes and plans for the future. Mrs. LA and Mrs. ST are afraid and embarrassed to talk about the future because they are afraid to have expectations that are not in line with expectations. Mrs. LA and Mrs. ST tend to be more comfortable doing self-disclosure to fellow PLWH compared to counselors because of their similarity in status.
2. The obstacle in the counseling process expressed by one of the informants was that he felt hampered if one day there was a change of counselor. With these circumstances, Mrs. LA and Mrs. ST had to adapt again. The level of comfort in self-disclosure is very different when the communicant and the communicator have different backgrounds gender.



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