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# **“I Want to Be a Drug Counselor:” Possible Selves in Persons Living with HIV/AIDS**

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**Abstract:** The purpose of this study was to explore PLWHAs’ possible selves (Marcus & Nurius, 1986). A secondary analysis was conducted using data from 36 individuals’ in-depth interviews. Participants’ past selves, current selves and feared selves were unearthed. These findings have implications for health educators.

Chronic diseases are incurable and a treatment regimen is customary (Siegel & Lekas, 2002). In the United States, HIV/AIDS has transitioned from a terminal illness to a chronic illness since its discovery in 1981 (Siegel & Lekas, 2002). The projected life expectancy for a 30-year-old gay man with a CD4 count above 350 diagnosed HIV-positive in 2010 is now approximately 75 years old (Nakagawa et al., 2012). In North America, 1.4 million individuals are living with HIV compared to 1.1 million in 2001 (Global Report: UNAIDS report on the global AIDS epidemic, 2012).

Living with a chronic disease affects the self in a variety of ways. Identity theorists posit that the self is made up of many identities or roles (Serpe & Stryker, 2011). The onset of a chronic disease has been shown to affect aspects of a person’s self including one’s spirituality (Kremer, Ironson, & Kaplan, 2009), intimate relationships (Keegan & Lambert, 2005) and work identity (Thornhill, Lyons, Nouwen & Lip, 2008). However, less is known about what people living with HIV/AIDS (PLWHAs) are afraid of becoming or how they see themselves in the future.

Because HIV/AIDS is considered a chronic illness, and individuals anticipate living with the disease for an extended period, they might also envision “possible selves” (Marcus & Nurius, 1986, p. 954). Whereas scholars have investigated how HIV/AIDS affects other identities, less is known about People Living with HIV/AIDS (PLWHAs) and their possible selves.

## **Literature Review**

The possible selves concept is situated in the self-concept literature and has roots in the field of psychology (Marcus & Nurius, 1986). The subcategories of possible selves include the past self, current self, feared self (a negative future self), hoped for self (an ideal future self), and expected self (a more realistic future self that the person wants to become). A person may possess any number of possible selves (Markus & Nurius, 1986). Possible selves are unique to the individual but influenced by the “individual’s particular sociocultural and historical context. . . . and by the individual’s immediate social experiences” (p. 954).

Researchers that have used possible selves as a framework have conducted studies in the areas of music (Schnare, MacIntyre & Doucette, 2012), career counseling (e.g. Rossiter, 2009), low-income mothers (e.g. Lee & Oyserman, 2009), and health and well-being (e.g. Hooker & Kaus, 1994). A health-related possible selves article concerned a comparison of older healthy adults, early stage Alzheimer's disease (AD) patients and Parkinson's disease (PD) patients (Frazier, Cotrell & Hooker, 2003). Study findings indicate that AD patients have more cognitive-related hoped for and feared selves than the other groups and PD patients mentioned more physical-related hoped for and feared selves

Although health-related studies concerning possible selves exist, none could be located that concerned PLWHAs' possible selves. Since HIV/AIDS is a particularly stigmatized disease, it is conceivable that PLWHAs' possible selves might differ from individuals with other chronic illnesses since individuals' possible selves are influenced by society. Findings from this study could help PLWHAs and HIV/AIDS educators.

### **Method**

This study is a secondary analysis of data from a larger study concerning HIV/AIDS identity incorporation and the effect of context on the incorporation process. Participants were sought from an AIDS Service Organization in a large metropolitan area. Additionally, a key informant referred individuals who lived in a smaller town. Snowball sampling occurred as respondents referred friends and acquaintances to participate in the study. Participants had to be 18 years old or older who were diagnosed as being HIV-positive or as living with AIDS for a year or longer. It was reasoned that individuals needed a year to come to terms with their diagnosis.

Thirty-six individuals participated in the study. There were 23 self-identified African American participants, one Latino man, nine White participants, and three biracial participants. Participants ranged in age from 25 to 66. Respondents had been diagnosed with HIV or AIDS between 1985 and 2007. The education level ranged from 8<sup>th</sup> grade to master's degree. Twenty of the 36 participants self-identified as recovering addicts. Thirty-two participants reported an income of \$ 20,000 a year or less.

Respondents were interviewed from 1.5-2 hours. Participants received a \$ 30 money order for their time. In this secondary analysis of the data, the constant comparative method was used (Glaser & Strauss, 1967). We looked for themes within and between transcripts using the "possible selves" framework (Marcus & Nurius, 1986, p. 954).

### **Findings**

#### *Past selves*

Participants' past selves included: past employment selves, past chemically dependent selves and past abused selves. Most participants were not engaged in paid employment at the time of the interview due to disability or retirement so their paid "work selves" were past selves. For

example, Booker was a retired special education instructor. He stated, “As I said, my degree was in special ed[ucation] but when you first start whatever open—and there were two special ed[ucation] classes in the school so I had to make due. As I said, I enjoyed it for the first 20-some years.” Al gave up a nursing career and was put on disability prior to his HIV/AIDS diagnosis. He noted, “I went into nursing and I enjoyed it and after a while I had problems with my back so the doctor told me I couldn’t do it anymore because there was too much lifting so then they put me on disability. That was it.” Other respondents gave up careers in nursing, business and banking in part due to their chemical dependency issues.

Twenty of 36 participants mentioned past chemically dependent selves or addicts prior to being diagnosed with HIV/AIDS and many initially coped with their HIV/AIDS diagnosis by using alcohol and drugs. Debonaire’s tale was typical, “In [19]87, while in Los Angeles, I met crack cocaine. . . After I found out [my AIDS diagnosis] I got real deep into addiction which I developed major depressions episodes. . . Eventually, I decided to pursue recovery again. I went through several treatments.” Debonaire was currently in recovery from drugs and alcohol.

Physical, verbal and sexual abuse pre-dated participants’ HIV/AIDS diagnosis. Mother was both verbally and sexually abused. She said, “My dad was abusive to me. Verbally abusive. Sexually abusive, too because when I was young, in my teens, I was 17....maybe 15. I got molested by my father. I was trying to tell my mother that. She didn’t believe me. That went on 2-3 months and then she finally woke up and realized that I wasn’t lying so by then my dad had passed then.”

These findings are not surprising since one participant recruitment site was an AIDS Service Organization (ASO) that catered to individuals struggling with addictions. Since participants ranged in age from 25-66 years old, many of them had been gainfully employed at some point prior to their HIV/AIDS diagnosis. A history of sexual and physical abuse is associated with an increase in HIV risk behaviors among women (Bensley, Eenwyk & Simmons, 2000).

#### *Current selves: Advocate, Educator and Caretaker*

Thirty of 36 respondents defined themselves as HIV/AIDS advocates and educators and several described themselves as caretakers. They educated relatives, young people and their families in addition to speaking to groups of individuals such as high school students about HIV/AIDS. Although Chanel was working two jobs and trying to make ends meet, she was compelled to educate others about HIV/AIDS. Her response was typical of HIV/AIDS advocates and educators. She stated, “I started helping other people that was HIV positive. That’s why on my other part time job I pass out safe condoms and stuff like that. It’s helping other people. I feel as long as I’m helping somebody else, you know, I’m going to get much better.” Greg described his new role as an HIV/AIDS advocate.

I'm pushing to get—everybody on the Health Connect Board---I'm the only one who said I'm a client and I USE your services... I'm going to be the recruiting new members for the board to get the clients who use these services. I'm starting to become an activist after all this—going from not caring at all, wandering around, having to go to different areas and where I was fortunately, I had a friend that was a bartender there who was positive and he took me to his HIV doctor.

In addition to advocacy work, individuals parented children and cared for relatives and friends. Deborah cared for her friend's daughter when the friend passed away. She stated,

I have an eight year old that I care for and everywhere I go she goes. I teach her too. A lot of kids don't want to teach their kids this and she's 8 years old and at 8 they want to do everything. I know because I started at 8. If I can start at eight [she can]. I teach her too. I got a book on HIV and I let her read about STDs and everything.

#### *Feared self: Going backwards*

Since many of the participants were recovering alcoholics and drug addicts, they feared returning to that lifestyle. Others feared not being poor and homeless because they had been so before. Tamara had been addicted to drugs and wanted to stay clean. She feared returning to her former addict self. She remarked,

I don't want to be a drug addict. I don't want to be a disappointment in the eyes of my grandmother. I want to be an example for somebody else so they could have a better life for themselves. . . I stay away from negative people. I stay away from those types of people.

Others were afraid of struggling financially or of becoming homeless. Matthew noted,

I want to avoid becoming too confident on MY self. I don't want to be homeless next year. I got to avoid being a person on the street.

#### *Expected self: Educated self*

Markus and Nurius (1986) differentiate between the *hoped for self* and the *expected self*. One's hoped for self includes the selves the person wants to become regardless of how likely it is that he/she could achieve this goal. The *expected self* is a more realistic self-assessment of what the person wants to become. In most cases, it appeared that additional education was a realistic goal. Derek was planning to finish his college degree. He noted, "Next week I'm going to meet with a counselor—a student counselor and here are my transcripts. . . I'm afraid of being a student

at 50. I just did finish two semesters at [a higher education institution]. I had the best time. I had the best time as an adult student.” Likewise, Linda was getting her GED and hoped to be a drug counselor. Mother also planned to obtain her GED. She said, “I’m going back to school to get my GED. . . I’m going this spring to GED classes. I might go to [a local community college] to take GED classes—go to evening classes.” For Octavius, getting a GED was a prerequisite to other hoped for selves of being a barber “or working in recovery homes like a counselor or something like that.” Matthew indicated he was going to apply at a community college and start school in the fall. He had looked at opportunities for scholarships for people living with HIV.

*Hoped for/Expected selves: Gainfully employed self and improved relationship self*

Since most individuals were unemployed at the time of the interview, they anticipated being employed in the future. It was sometimes difficult to tell how realistic these goals were given the particulars of the participants’ situations. Likewise, many wanted to repair relationships with family that had been strained because of participants’ prior alcohol and drug use. Others wanted to get married and have children or to be better fathers and mothers.

Since most individuals were unemployed at the time of the interview, they anticipated being employed in the future. Gerald wanted a lower stress job than his previous position. He said,

Right now I’m looking for a job. When I say I’ll do anything, I will just about anything. . . But really, I think some days I want something that is really low stress. I’d like to be Maria passing hamburgers through the window at McDonald’s. GET YOUR HAMBURGER! Here’s your hamburger! Something that is just low-stress.

Likewise, Linda wants to be a drug counselor. She said, “I’m getting my GED. I hope in June of next year, I’ll be able to start my drug counseling class in ’12 and I want to be graduated. I would like to work in a recovery home or some establishment like [an ASO] that deals with HIV people. That’s my primary goal.” Misses had been taking general education courses and working toward an associate of arts degree and she wanted to eventually be an addictions counselor. This theme of helping others pervaded possible future employment. Chanel planned to help the homeless. She said, “I wanted to help the homeless all my life. Get a building and hook it up for the homeless. That was my goal and that’s still my goal.” Helping the homeless was also mentioned by Matthew and Gloria.

Several participants wanted to tackle different roles and have better relationships. Ed stated, “I always resented the fact that I never had any kids. . . I still today want to have a son or daughter. . . I want a wife, kids, family. I want to be normal. I want roots. I want a foundation.” Teena was in a relationship at the time of the interview and she stated, “I want to be married and maybe getting a new house. I’m saving up money.” Tiger Claws *had* children and wanted to be a better father to his current children. He remarked, “I wasn’t able to be there for [my other

children]. . . Now I look forward to my child being born. Warming milk up and changing some diapers and staying up late at night and watching that child grow and see myself grow up all over again.”

### **Conclusions and Implications**

This study concerning possible selves yielded several interesting findings. First, it is interesting that feared selves or expected/hoped for selves were not health-related. Perhaps this indicates how well individuals in the study were managing to live with HIV/AIDS. This finding is in contrast to other studies examining possible selves for those with other chronic illnesses (Frazier et al., 2003) where possible selves were related to physical health.

The findings of this study reflected the possible selves of low-income mothers recruited at welfare agencies and job training offices (Lee & Oyserman, 2009). Similar to individuals living with HIV/AIDS, low-income mothers expected possible selves concerned getting jobs and obtaining more education (Lee & Oyserman, 2009). Participants recruited from job-training centers discussed job-related possible selves and participants in this study focused on HIV/AIDS-related employment.

Second, study participants revealed that their past selves were often their feared selves. They did not want to go “forward to the past” which, in many cases, was filled with drug and alcohol addiction. Their feared selves were not health-related but instead related to what might be termed deviant, undesirable selves which was more akin to former criminals who did not want to return to a life of crime (Paternoster & Bushway, 2009).

Third, respondents’ working selves concerned being an advocate and educator. Here again, participants’ working and possible selves were perhaps influenced by the social context. Guarino (2003) argues that ASOs and the larger HIV/AIDS community promote a discourse of self-transformation and advocacy.

Fourth, it is interesting to note that participants’ expected and hoped for selves involved issues concerning love and work. Perhaps this finding confirms Erikson’s (1950/1998) reporting of Sigmund Freud’s assertion that when asked what individuals should do well, Freud replied ‘to love and to work’ (p.74). Participants’ expected and hoped for selves in many ways were similar to what one would expect to see in healthy individuals.

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