

From stigma to self-actualization: The effect of counselling on the mental well-being of people living with HIV/AIDS in Makurdi, Benue State, Nigeria

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Abstract

Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) is still considered one of the major world's health issues. There is still the prevalent psycho-social and emotional effects on people that are constantly living with the health challenge. Those who have tested positive to HIV still suffer stigma, discrimination, and all sorts of psychosocial problems that seem to affect their quality of life and, therefore, their ability to adhere to their treatment. In Nigeria, and in Makurdi, the Benue State capital in particular, the condition of People Living With HIV/AIDS (PLWHA) has been described as poor, with its toll on the lives of PLWHA taking a psychological, emotional, social and health status angle. HIV positive clients are not only battling stigma and discrimination from their society and loved ones, they are battling internal self-blame and self-hatred. This study, therefore, focused on measuring the effect of counselling on the mental well-being of PLWHA with respect to the five constructs of psychological adjustment: self-actualization, self-concept, self-esteem, self-efficacy and self-sufficiency. Based on Carl Rogers' Person-Centred Theory and Albert Ellis's Rational-Emotive Behaviour Therapy (REBT), the descriptive survey study sought the help of HIV-positive clients from selected hospitals and HIV counselling centres in Makurdi. The methodology used for data collection for the study was a standardized questionnaire, and the data generated were analysed with descriptive and inferential statistics at the 0.05 level of significance.

The study showed a significant increase in the level of self-concept, self-esteem, self-efficacy, and self-sufficiency among the respondents. This, therefore, indicates that counselling had an effect on the respondents as they moved from their internal self-blame and shame and the external shame and stigma they were facing in their environment, to that of self-growth, development and social re-integration. Counselling also helped to create a feeling of a safe, non-judgmental, and accepting environment in which the clients were able to restructure meaning in their life, develop a positive self-regard and work out ways of coping with daily hassles and stress. The study concludes that counselling has an important place in the psychological rehabilitation of PLWHA and recommends that counselling be made a compulsory part of HIV-care programmes in Benue State and Nigeria at large.

Keywords: Counselling; HIV/AIDS; Stigma; Self-Actualization; Self-Concept; Self-Esteem; Self-Efficacy; Self-Sufficiency; Psychological Adjustment; Makurdi

1. Introduction

1.1. Background to the Study

HIV/AIDS is one of the most recalcitrant biomedical and socio-cultural problem of the 21st century. The World Health Organization [38] has reported that there are millions of people living with the virus while hundreds of thousands die of AIDS-related complications annually. The psychosocial consequence of HIV/AIDS, which is also well-known, is fear,

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anxiety, depression, social isolation and internalized stigma [18]. Persons living with the virus are ostracized, sacked from work, divorced and humiliated. A study revealed that stigmatization and discrimination were some of the major factors militating against prevention, treatment, and care [30].

The scourge is highly visible in Nigeria and more so in Benue State which is popularly described as the “epicentre” of the pandemic in the country. Due to several socio-cultural dynamics, poverty and scarcity of psychosocial support, persons in Benue are more vulnerable to HIV/AIDS than their counterparts in other parts of the country. In Makurdi, PLWHA are not only faced with the rigours and challenges of living with a chronic illness but also of surviving the psychological effects of community alienation and self-stigmatization. Respondents lamented and disclosed that the result of testing positive was feelings of anger, denial and hopelessness [14]. Such emotions, which are counter-productive, can whittle down the mental strength and willpower to adhere to a medical regimen.

Counselling is a potentially helpful psychosocial intervention to ameliorate these consequences. By definition this is the process of offering assistance from a professional perspective, guidance and support with the ultimate aim of aiding better understanding of a person. Coming to acceptance and not living in denial and looking at better ways of living a good and productive life irrespective of having the HIV/AIDS [1] [3]. The general goal of counselling is to facilitate the client’s self-understanding, manage emotions and make healthy and realistic choices that can positively affect their mental well-being. This is very important, especially during a life crisis or a turning point. Counselling of people with HIV/AIDS can therefore provide a safe and protective therapeutic relationship in which the PLWHA can work through shame, fear, and guilt and regain self-esteem and personal power.

1.2. Problem Statement

Although medical management of HIV/AIDS has significantly improved, its psychosocial aspects have not been optimally addressed in Makurdi. Despite intervention, most PLWHA in Makurdi still exhibit self-rejection, anxiety and low motivation to strive for a productive life. Enacted and internalized stigma negatively affect disclosure, treatment compliance and social functioning. Most health facilities do not have organized counselling services for patients and most HIV patients received no counselling on emotional management and coping skills. This has resulted in general psychological maladjustment among HIV patients, including low self-concept, low self-esteem, low self-efficacy and a general dependence on others for survival.

The present study will therefore assess how counselling intervention affects the mental health of PLWHA in Makurdi in terms of movement from stigma and psychological maladjustment to self-actualization and social reintegration.

Objectives of the Study

The general purpose of this study is to find out the impact of counselling on psychological adjustment among PLWHA in Makurdi Local Government Area of Benue State.

The specific purposes are to

- Find out the effect of counselling on self-actualization.
- Ascertain the effect of counselling on self-concept.
- Find out the effect of counselling on self-esteem.
- Examine the effect of counselling on self-efficacy.
- Find out the effect of counselling on self-sufficiency.

1.3. Research Questions

- To what extent does counselling affect self-actualization of PLWHA in Makurdi?
- How does counselling influence their self-concept and self-esteem?
- What is the relationship between counselling and self-efficacy among PLWHA?
- Does counselling enhance self-sufficiency and independence among clients?

1.4. Research Hypotheses

At a 0.05 level of significance, the following null hypotheses were tested

- H_{01} : Counselling has no significant impact on the self-actualization of PLWHA in Makurdi.
- H_{02} : Counselling has no significant impact on the self-concept of PLWHA.

- H₀₃: Counselling has no significant impact on the self-esteem of PLWHA.
- H₀₄: Counselling has no significant impact on the self-efficacy of PLWHA.
- H₀₅: Counselling has no significant impact on the self-sufficiency of PLWHA.

Significance of the Study

The results of this study have implications for counselling psychology and public-health policy, and for practice by professionals. The importance of psychosocial support in the HIV-care programme is indicated by this study. Practically, this research helps guidance counsellors understand that specific interventions that may be adapted to manage the cognitive and emotional needs of PLWHA have been spelled out by the study. It will help health workers see how psychological adjustment leads to treatment adherence.

Government and non-government agencies can draw on the findings of this study and develop a more holistic and effective intervention by incorporating regular counselling as an important component of HIV service delivery. Thus, the study shows that counselling cannot be taken for granted but as an important part of total care to HIV/AIDS patients.

Scope of the Study

Geographically, this study was limited to selected hospitals and counselling centres in Makurdi Local Government Area of Benue State. Conceptually, the effect of counselling on the five dimensions of psychological adjustment, self-actualization, self-concept, self-esteem, self-efficacy, and self-sufficiency was studied. This research was not looking at the medical or pharmacological aspects of HIV care.

1.5. Operational Definition of Terms

Counselling: An interpersonal process relationship between a trained counsellor and his/her client with the objective of understanding one self, problem solving and developing adaptive behaviour. [6]

Psychological Adjustment: The behavioural and cognitive changes adopted by a person to enable the person to live in harmony with him/herself and his/her environment [37]

- Self-Actualization: Realizing one self, achieving full potential and experiencing capacities of one self [23]
- Self-Concept: The thoughts and opinions an individual has about self [9]
- Self Esteem: How an individual feels about self [2]
- Self-Efficacy: Confidence in one's ability to perform certain tasks and produce expected outcomes [7]
- Self-Sufficiency: Ability to live independently without depending on others a lot [20]

2. Theoretical Framework and Literature Review

2.1. Theoretical Framework

The theories that underpin this study are Carl Rogers's Person-Centred Theory and Albert Ellis's Rational-Emotive Behaviour Therapy (REBT). This is because the two concepts complement each other in providing explanations of how counselling can lead to psychological adjustment and the promotion of mental well-being in PLWHA.

2.1.1. Person-Centred Theory (Carl Rogers, 1902–1987)

The Person-Centred Theory also referred to as Client-Centred Therapy, by Carl Rogers is a theory that every person naturally tends towards a state of growth, self-understanding, and self-actualization when in a supportive environment [31]. The key elements of the theory include empathy, unconditional positive regard, and genuineness. The main premise of the theory is that people tend to experience maladjustment when they receive conditions of worth as a person living with HIV/AIDS (PLWHA) that are incongruent with their experiences [31]. Rogers suggested that a person develops incongruence due to the self that they present and the conditions of worth that have become part of their psyche and that they must behave or act a certain way to be acceptable or loved.

The person-centred approach to counselling for PLWHA therefore attempts to create an environment that is characterized by acceptance and empathy. The person then internalizes a sense of being worthwhile independent of circumstances and behaviour. With counselling, they begin to acknowledge the disowned aspects of their self, resulting in congruence between their "real self" and "ideal self." When it comes to HIV/AIDS, PLWHA tends to internalize external

stigma and oppression and begin to view themselves as inferior, bad, or “contaminated.” The process of empathic counselling provides an opportunity for a new evaluation of the self and the reconstruction of meaning from stigma to acceptance, growth, and change.

Rogers’s idea of actualizing self-potential is fully in line with the goals of the present study. Counseling interventions that offer a supportive therapeutic environment will result in PLWHA who are no longer characterized by feelings of inferiority but have achieved autonomy, productivity, and self-efficacy [32]. As a result, the person-centred perspective of counselling emphasizes the concept of a process of enabling and empowerment that can restore a person’s dignity, resilience, and mental health.

2.1.2. Rational-Emotive Behaviour Therapy (Albert Ellis, 1992)

Ellis’s Rational-Emotive Behaviour Theory is another cognitive-behavioural perspective used to give a further explanation on counselling outcomes. It was argued that negative life events do not directly create emotional disturbance but through irrational beliefs formed about these events [15]. Rational-emotive theory is symbolised with the help of the ABC model: A (Activating event), B (Belief system) and C (Consequent emotion or behaviour). When irrational beliefs are restructured to rational ones, self-defeating thoughts are replaced by new, adaptive beliefs and a decrease in a level of distress can be observed.

In relation to PLWHA, REBT provides an understanding of internalized stigma as maladaptive self-talk (“I am worthless because I have HIV”). Counselling interventions that focus on identifying cognitive distortions and counteracting them with healthier beliefs lead to better self-perceptions, resulting in higher levels of self-esteem and coping abilities. Ellis’s concept of unconditional self-acceptance (belief that one’s self-worth is not dependent on achievements, successes or social approval) is also of high importance to the clients that are struggling with HIV-related shame. Counselling that is based on REBT principles can lead to self-efficacy and emotional stability, making it possible to cope with the psychosocial challenges associated with living with a chronic condition.

Person-Centred Theory and REBT, in summary, represent the theories from two different approaches. The former focuses on necessary affective conditions for personal growth (empathy and unconditional acceptance) while the latter underlines the importance of irrational beliefs and their cognitive restructuring. While coming from the different points of departure, both theories of counselling psychology converge on self-understanding as a necessary prerequisite for change and self-actualisation for PLWHA.

2.2. Conceptual Review

2.2.1. Counselling and HIV/AIDS

Counselling is a professional relationship that aims to help people to overcome or cope with personal, emotional, psychological, or social problems [6]. The psychosocial aspects in the HIV/AIDS care are a critical spectrum of the HIV/AIDS infection, including fear, stigma, guilt, and uncertainty about the future. The research indicated that HIV counselling is one of the activities that promote HIV acceptance, disclosure, and adherence to ART [21], [3]. Counselling also involves the formation of a therapeutic alliance, which provides the client an opportunity to safely ventilate his or her feelings and resolve their concern in a confidential setting and to recover their self-confidence.

The counselling service among PLWHA in Makurdi also acts as a positive social experience for them and it helped them to feel like a human being as it is corrective for the experienced isolation and lack of empathic relationship. The modalities of counselling that could be employed among PLWHA in Makurdi includes individual and group counselling. Individual counselling intervention allows a client to develop a trusting relationship with the counsellor and also a critical self-reflection. Group counselling on the other hand could provide an opportunity for the participants to share experiences with similar problems, provide mutual validation of their emotions and coping skills [22]. The relationship between the counsellor and the PLWHA is characterized by the counsellor offering the PLWHA to deal with his or her emotional problems but without giving advice, the counsellor creates emotional, cognitive and behavioural changes in the PLWHA [10]. The counselling services thus serve as the link between medical care and psychosocial rehabilitation.

2.2.2. Stigma and Discrimination

HIV-related stigma can be defined as negative attitudes or beliefs towards people living with the virus (PLWHA), while discrimination is a manifestation of the behavioural aspects of such [35]. [34] Identified three categories of stigma. These are felt or internalized stigma, enacted stigma and perceived community stigma. Internalized stigma, for example when one begins to believe that the society's negative stereotypical attitudes and beliefs about them as a stigmatized

person are true, has significant implications for mental health (especially when one shames oneself, keep things secret and avoid health services due to HIV-related stigma) [17]. Counselling interventions, such as acceptance of self and cognitive restructuring, become relevant here in helping the client to unlearn and unmake these internalized beliefs.

In Nigeria, the common and dominant view of HIV/AIDS as punishment for a social/moral deviance fuels the level of stigma. The PLWHA often develop response to this, such as keeping their status secret to avoid rejection that prevent them from having the necessary emotional healing. Counselling in this case also serves to de-stigmatize.

2.2.3. Psychological Adjustment

Psychological adjustment has been defined as the process in which people react to the environment to preserve their needs and avoid environmental pressures at the same time [33]. For PLWHA, it means developing coping skills related to living with a chronic disease, changes in lifestyle routines and renegotiating social ties with others. [11] Consider it as a continuous effort of meeting internal wishes with social expectations. [4] Explains it as the equilibrium between inner emotional needs and the outer surroundings. The success or the lack of adjustment is known as resilience or maladjustment respectively, which is reflected in symptoms of depression, withdrawal and hopelessness.

Counselling helps improve adjustment by providing clients with cognitive and behavioural skills to effectively face the stressors in life. Clients are taught to cope with problems in life through empathic listening, cognitive restructuring and skills training. It helps clients to reframe their experience and act in adaptive ways. In this study, adjustment is measured by five interrelated dimensions: self-actualization, self-concept, self-esteem, self-efficacy and self-sufficiency.

2.3. Dimensions of Psychological Adjustment

2.3.1. Self-Actualization

Self-actualization, the topmost level of Maslow's hierarchy of needs, refers to the realization of one's full potential [23]. It involves creativity, autonomy, and personal growth. HIV/AIDS can hinder this process by instilling a sense of fear and fatalism, which saps the motivation for future-oriented goals. Counselling reignites self-actualizing tendencies by helping the client find new meaning and purpose in life [5]. In groups, shared stories can foster resilience and a sense of community, both of which are crucial for self-development [27]. As clients internalize the unconditional positive regard, they gradually start setting realistic goals and engaging in self-fulfilling activities, moving from despair to empowerment.

2.3.2. Self-Concept

Self-concept is how individuals view themselves based on their physical, emotional, intellectual and social experiences they've had in life [9]. PLWHA can experience their illness related stigma replacing their positive self-concept with negative feelings of inferiority. Counselling directed towards self-concept can help the client reconstruct a clear understanding of self as separate from the disease state [12]. This process is strengthened in group counselling as members give each other support and feedback. Counselling also allows for the client to be their true self through dialogue and self-disclosure with their Counselor which reduces internal conflicts.

2.3.3. Self-Esteem

Self-esteem refers to the evaluative dimension of the self-concept or the value one places on oneself [2]. A person with high self-esteem is typically confident, optimistic and resilient, while one with low self-esteem is prone to depression and social isolation [36]. HIV infection may lead to a severe erosion of self-esteem as a result of social rejection and internalized guilt and shame. Counselling has the potential to help individuals to regain self-esteem through acceptance, assertiveness and positive self-talk [16]. In particular, group counselling and peer support appear to be beneficial in helping clients to realize they are not alone and to recognize their strengths [19]. In this way, counselling reduces shame and promotes self-respect.

This finding is in agreement with Firestone [16], who noted that cognitive-behavioural interventions generally contribute to the improvement of self-esteem by teaching chronically ill clients to replace negative self-talk with more realistic and positive cognitions.

2.3.4. Self-Efficacy

Bandura (1986) described self-efficacy as a judgement of individuals' capabilities to perform the course of action necessary to deal with future situations. For PLWHA, self-efficacy predicts adherence to medication, preventive behaviours and ability to cope with stressors. Counselling interventions increase self-efficacy through provision of correct information, modelling of adaptive coping, and facilitating mastery experiences [25]. When clients develop problem-solving and communication skills, they feel more in control of their health and situation. High self-efficacy also predicts better psychological adjustment and treatment outcomes [4].

2.3.5. Self-Sufficiency

Self-sufficiency is an individual's ability to exist and function autonomously (Jacobs, 2011). Many PLWHA experience challenges to self-sufficiency in the form of economic dependence and social marginalization. Counselling interventions build confidence, future-oriented thinking and life skills [13]. With appropriate counselling, clients access their inner resources and social networks, which decreases dependence and allows self-sustaining livelihood. The endpoint of psychological adjustment can thus be conceptualized as self-sufficiency or the integration of self-efficacy, self-esteem and self-actualization.

2.4. Empirical Review

The beneficial influence of counselling on the psychological well-being of PLWHA is further supported by a limited but emerging body of empirical evidence. In a randomized experimental study in New York, [25] investigated the effects of pre-test, post-test, and group counselling on self-actualization of patients with HIV/AIDS. It was found that counselling has a positive effect on the clients' emotional stability, motivation, and life satisfaction. [29] Also observed a significant increase in self-actualization and coping skills after group therapy among HIV-positive participants in Punjab, India. The respondents reported a better social adjustment and optimistic attitude after the counselling intervention.

In a similar study among HIV-positive adults in the US, Dille [12] also reported that structured counselling significantly improved emotional adjustment, reduced distress, and facilitated adaptive coping behaviours

Evidence within the Nigerian context further reveals that it is an important determinant of enhanced self-esteem and treatment adherence among PLWHA [8]. [19] Showed that peer-support counselling increases self-acceptance and reduces depressive symptoms among HIV patients receiving care in hospitals [19]. It was also stated that counselling interventions improve self-efficacy by equipping clients with the skills needed to cope with daily challenges associated with the disease [4].

The empirical evidence from these studies is congruent with the theoretical perspectives of Rogers and Ellis. It shows that by providing empathic support and addressing irrational beliefs, counselling catalyses positive cognitive and emotional changes. Across different studies, counselling is consistently associated with better psychological adjustment, improved health outcomes, and enhanced quality of life among PLWHA.

Summary of Literature Review

The various articles reviewed suggest that HIV/AIDS has many complex psychological stressors with HIV/AIDS stigma and discrimination being a major predictor of mental health problems. Counselling based on the person-centred and cognitive-behavioural approaches was found to be an appropriate intervention strategy for these problems and other related factors in HIV/AIDS. Counselling in the reviewed studies involved empathy, acceptance, understanding of self and one's condition, modification of cognitive distortions, enhancement of self-understanding and acceptance, promoting self-worth and independence and addressing the many stressors associated with HIV/AIDS. The five concepts of psychological adjustment, self-actualization, self-concept, self-esteem, self-efficacy, and self-sufficiency were found to be appropriate in assessing and determining the mental health status of PLWHA.

Findings from previous studies support the claim that counselling can assist people living with HIV/AIDS in advancing from stigma to self-actualization since it addresses emotional and cognitive aspects of the stressors and helps clients develop an improved understanding of their emotional problems and other stressors. On the other hand, one major problem found in these studies is that most of them were not done in Nigeria and Benue State in particular and Makurdi, the research town to be precise. Therefore, this study fills this research gap by providing a study based on counsellors in a Nigerian town that centres on the socio-cultural realities of PLWHA in Nigeria.

3. Methodology

3.1. Research Design

The study employed descriptive survey design. The descriptive survey design was adopted for this study because according to [28] it is the method most commonly used in social and behavioural research when the relationships between existing variables are studied in real life. This method of research design allows the researcher to collect, summarize, and present data, which are about the participants' opinions, experiences, and perceptions as they exist in real life, without controlling or manipulating the variables being studied. Thus, the descriptive survey design was appropriate for the study because it was used to gather, summarize, and interpret empirical data about respondents' opinions, experiences, and perceptions about the impact of counselling on the mental well-being of PLWHA in Makurdi LGA, Benue State, Nigeria.

Specifically, this research was concerned with establishing if there is any impact of counselling on five psychological indicators (self-actualization, self-concept, self-esteem, self-efficacy, and self-sufficiency) among PLWHA. The descriptive survey design was appropriate because it enabled the researcher to collect, summarize, and interpret empirical data on the extent to which counselling impacts positively on the psychological adjustments of respondents.

3.2. Area of the Study

This study was carried out in Makurdi Local Government Area (LGA) of Benue State, Nigeria. Makurdi is the capital of Benue State in Nigeria's North-Central region. It is the administrative and economic centre of Benue State and lies on both sides of the River Benue. The LGA is home to diverse indigenous groups of people that engage in business, subsistent agriculture, education and the civil service. Benue State is one of the states with the highest prevalence of HIV in Nigeria. Makurdi has been described as one of the states' HIV hotspots, where new infections and treatment persist [24].

The LGA hosts a few government-owned health institutions, hospitals, and HIV-care centres. Health institutions include the Federal Medical Centre (FMC) Makurdi, Bishop Murray Hospital, and other Non-Governmental Organisation (NGO) supported ART and counselling HIV-care centres. In Makurdi and many parts of the country, there is limited attention to the psychosocial needs of PLWHA. Hence, this provided the environment and interest for the present study.

3.3. Study Population

The study population includes all registered HIV positive clients accessing HIV care and counselling (CCC) services from selected hospitals and counselling centres in Makurdi LGA. This includes clients who attend ART clinic, voluntary counselling and testing (VCT) centres and peer-support groups. Benue State Ministry of Health record shows that at the time of the study, there were just over 4, 000 PLWHA actively enrolled on ART programme in the local government area.

For the purposes of this study, counselling impact was only measured on adult clients (18 years and above) who had had at least three sessions of counselling from qualified counsellors or psychologists and they were not newly diagnosed (less than one month). In addition to this, people with mental disability that may inhibit their cognitive ability were excluded from the study.

3.4. Sample and Sampling Techniques

The study adopted multi-stage sampling technique. Five (5) health facilities that render regular counselling and ART services were purposively selected in stage 1. This comprised FMC Makurdi, Bishop Murray Hospital, General Hospital North-Bank, Holy Ghost Catholic Hospital, and NKST Hospital. The facilities were chosen based on the ease of accessibility, the number of clients they attend to, and the availability of professional counsellors.

The respondents were selected using simple random sampling in stage 2 proportionately from the five (5) facilities. The sample size of 200 respondents was considered statistically representative in stage 2 of the study using the Taro Yamane formula for finite population with the proportion of 95% at 5% level of significance.

$$n = N / (1 + N (e^2))$$

Where

- n = sample size
- N = population size (4,000)
- e = error margin (0.05)

Thus

$$n = 4000 / (1 + 4000(0.05^2)) = 364$$

However, due to practical constraints, 200 participants were ultimately surveyed, ensuring balanced gender and age representation.

3.5. Instrument for Data Collection

The main instrument used for data collection was a semi-structured questionnaire: Counselling and Psychological Adjustment Scale (CPAS). The researcher developed the instrument based on theory. The theories used to create the instrument are Rogers's Person Centred Theory and Ellis's REBT. The purpose of the instrument was to measure the 5 psychological constructs, which make up mental well-being, in relation to HIV/AIDS.

The CPAS consisted of three sections:

- Section A included demographic variables (gender, age, marital status, education level, and time since diagnosis)
- Section B consisted of items regarding respondents' exposure to counselling (frequency, duration, and subjective quality)
- Section C included 30 items (6 items each) equally distributed over five subscales:
 - Self-Actualization
 - Self-Concept
 - Self-Esteem
 - Self-Efficacy
 - Self-Sufficiency.

Items were rated on a five-point Likert scale ranging from Strongly Agree (5) to Strongly Disagree (1). Higher scores on the CPAS indicated higher levels of positive psychological adjustment and well-being.

Examples of CPAS items included:

- Counselling has helped me to rediscover a sense of purpose in life
- I now believe in my ability to manage day-to-day problems
- Since I started counselling, I feel more accepted and confident about myself

3.6. Validation of Instrument

In order to establish content validity, the questionnaire was submitted to three experts (one from the Department of Psychology and two from the Department of Guidance and Counselling), Benue State University, Makurdi, who made some necessary modifications in terms of wordings and some ambiguous items that were removed. The instrument, after minor modifications, was pilot-tested on twenty PLWHA attending Saint Theresa Hospital, Makurdi. This group was not used as part of the main sample.

Construct validity was established through exploratory factor analysis. The analysis showed that items correctly loaded on their appropriate subscale and that the resulting factor loadings were higher than the minimum accepted value of 0.60.

3.7. Reliability of the Instrument

The internal consistency of the CPAS was determined by the Cronbach's Alpha coefficient after the pilot test. The reliability coefficients of the subscales were as follows:

- Self-Actualization: 0.84
- Self-Concept: 0.81
- Self-Esteem: 0.87
- Self-Efficacy: 0.83
- Self-Sufficiency: 0.85

The overall reliability coefficient was found to be 0.84, which was higher than the minimum acceptable level of 0.70 set by [26]. This means that the instrument was fit for data collection.

3.8. Method of Data Collection

Data collection was by direct administration of the questionnaire with support from research assistants and hospital counsellors. Ethical approval was obtained from Benue State Ministry of Health and each of the management of the participating facilities. The respondents were notified about the purpose of the study, assured of confidentiality and informed that participation was voluntary. The researcher obtained informed consent forms from the participants before data collection. The respondents completed the questionnaire by themselves in a secluded room after the counselling or treatment session. Each session took about 30 minutes and all filled questionnaires were collected immediately giving a 100% return.

3.9. Method of Data Analysis

Data collected were coded and analysed using Statistical Package for the Social Sciences (SPSS, Version 25). Descriptive statistics (means, standard deviations and frequency counts) were used to describe the respondents' demographic characteristics and their responses.

Inferential statistics were used to test the null hypotheses at a 0.05 level of significance

- T-test to determine whether there were gender differences in the counselling outcomes.
- One-way ANOVA to determine differences in the outcomes across age and educational levels.
- Pearson Product Moment Correlation (PPMC) to test the relationship between counselling exposure and each of the psychological constructs (self-actualization, self-concept, self-esteem, self-efficacy and self-sufficiency).

The p value was set at < 0.05 . Findings were presented in tables and accompanied with narrative descriptions that were in line with the study's objectives.

3.10. Ethical Considerations

It is necessary to consider that HIV is a topic requiring a cautious approach. Therefore, all ethical principles were considered during the study. The Benue State Ministry of Health Research Ethics Committee approved the study. Written informed consent was obtained from all participants, and confidentiality was guaranteed by coding the names of the students.

The researcher followed ethical guidelines, such as respect for persons, beneficence, and justice (American Psychological Association, APA, 2017). The respondents were informed that they could skip questions if they were uncomfortable and that their answers would not be used for any purpose other than the academic one. They also had a right to withdraw from the study at any moment. Counsellors at the study location were on standby to attend to the students in case of emotional difficulty.

3.11. Delimitation of the Study

It is essential to note that while the study provided important insights into the psychological impact of counselling on PLWHA in Makurdi, some delimitations were made.

- The study only included adults who had previously undergone counselling and did not account for newly diagnosed patients or those who had not yet received therapy.
- The sample was limited to hospitals and counselling centers located in urban areas, which may not be representative of the entire population, particularly in rural communities of Benue State.
- The study assessed self-reported perceptions rather than long-term behavioral changes. However, these perceptions are still significant indicators of psychological adjustment.

Summary

The present chapter presented the procedures involved in the study of the effect of counselling on the mental health of PLWHA in Makurdi. The research adopted a descriptive survey design. The sample consisted of 200 respondents randomly selected from the five major health facilities in the study area. The instrument which was validated and proved reliable (CPAS) was used to measure the five constructs of psychological adjustment. The data collected were subjected to descriptive and inferential statistics at 0.05 level of significance. The succeeding section contains the results and discussion of the analyses made in reference to the study objectives.

4. Results

This chapter discusses the findings from the analysis of data collected for the purpose of ascertaining the effect of counselling on the mental well-being of PLWHA in Makurdi Local Government Area of Benue State. Results are presented in line with the study's research questions and hypotheses. Means and standard deviations (SDs) are used to summarize the respondents' responses (descriptive statistics) and inferential statistics are used to test the study's stated hypotheses at the 0.05 level of significance.

4.1. Demographic Characteristics of Respondents

Two hundred (200) questionnaires were distributed and collected, making a response rate of 100%. Demographic characteristics of the study sample are shown in Table 1 below.

Table 1 Sociodemographic Characteristics of Study Participants

Variable	Category	Frequency	Percentage (%)
Gender	Male	82	41
	Female	118	59
Age	18–25 years	28	14
	26–35 years	61	30.5
	36–45 years	72	36
	46 years and above	39	19.5
Marital Status	Single	54	27
	Married	112	56
	Widowed/Divorced	34	17
Educational Level	Primary	28	14
	Secondary	79	39.5
	Tertiary	93	46.5
Duration Since Diagnosis	< 1 year	22	11
	1–3 years	67	33.5
	4–6 years	73	36.5
	> 6 years	38	19

The results in Table 1 above show that 59% of the respondents were females, with age groups mostly falling within 26–45 years bracket and 66.5% of the sample having at least secondary level of education. More than half of the respondents (56%) were married, and 88% had lived with HIV for a period longer than 1 year. The characteristics of the sample selected for this study reveal that it is a population that is relatively mature and socially active, and that would have gained varied experiences as a result of the disease, so as to have an objective assessment of the outcome of counselling.

4.2. Descriptive Analysis of Research Questions

4.2.1. Research Question 1

To what extent does counselling affect the self-actualization of PLWHA in Makurdi?

Table 2 Extent to Which Counselling Influences Self-Actualization among PLWHA in Makurdi

Variable	N	Mean (\bar{x})	SD
Counselling promotes self-discovery and life goals	200	4.23	0.82
Counselling improves ability to cope with illness	200	4.12	0.78
Counselling encourages renewed hope and motivation	200	4.30	0.75
Overall Mean		4.22	

The mean score of 4.22 reveals a great level of agreement that counselling helps in self-actualization of PLWHA. Respondents noted that through counselling, they are able to understand themselves, plan for the future and pursue goals despite the HIV condition.

4.2.2. Research Question 2

How does counselling influence self-concept among PLWHA?

Table 3 Extent to Which Counselling Influences Self-Concept among PLWHA

Variable	N	Mean (\bar{x})	SD
Counselling helped me accept myself as I am	200	4.19	0.81
Counselling reduced my feelings of shame and guilt	200	4.05	0.88
Counselling improved my sense of identity and belonging	200	4.25	0.73
Overall Mean		4.16	

Results suggested that counselling had a positive effect on self-concept. Participants stated that they had more positive thoughts about themselves and were able to integrate their HIV status into their self-concept without feelings of guilt or inferiority.

4.2.3. Research Question 3

What is the effect of counselling on self-esteem among PLWHA?

Table 4 Extent to Which Counselling Influences Self-Esteem among PLWHA

Variable	N	Mean (\bar{x})	SD
Counselling increased my confidence in social relationships	200	4.20	0.77
I now believe I am worthy of respect despite my HIV status	200	4.18	0.83
Counselling helped me overcome self-rejection	200	4.12	0.86
Overall Mean		4.17	

The high overall mean (4.17) demonstrates that counselling interventions significantly improved self-esteem. Respondents reported enhanced confidence, interpersonal engagement, and reduced self-devaluation.

4.2.4. Research Question 4

How does counselling affect the self-efficacy of PLWHA?

Table 5 Extent to Which Counselling Influences self-efficacy among PLWHA

Variable	N	Mean (\bar{x})	SD
Counselling strengthened my belief in my ability to solve problems	200	4.24	0.74
Counselling helped me manage stress more effectively	200	4.16	0.82
Counselling made me more proactive about my treatment	200	4.10	0.80
Overall Mean		4.17	

Respondents expressed that counselling sessions improved their perceived competence and sense of control over their circumstances, indicating increased self-efficacy.

4.2.5. Research Question 5

What is the role of counselling in promoting self-sufficiency among PLWHA?

Table 6 Extent to Which Counselling Influences self-sufficiency among PLWHA

Variable	N	Mean (\bar{x})	SD
Counselling encouraged me to engage in productive activities	200	4.05	0.87
I am now more independent in making decisions	200	4.10	0.80
Counselling helped me rely less on others for emotional support	200	3.98	0.89
Overall Mean		4.04	

The overall mean of 4.04 indicates that counselling positively influenced self-sufficiency, encouraging respondents to take responsibility for their lives and livelihood despite their diagnosis.

4.2.6. Hypotheses Testing

Hypothesis One (H_{01})

Counselling has no significant impact on the self-actualization of PLWHA in Makurdi.

Table 7 Hypothesis One - Statistical Test of the Effect of Counselling on Self-Actualization

Variable	N	Mean	SD	t-cal	t-crit	p-value	Decision
Counselling group	200	4.22	0.82	8.76	1.97	0.000	Reject H_{01}

Since $p < 0.05$, the null hypothesis is rejected, indicating a significant positive impact of counselling on self-actualization.

Hypothesis Two (H_{02})

Counselling has no significant impact on the self-concept of PLWHA.

Table 8 Hypothesis Two - Statistical Test of the Effect of Counselling on Self-Concept

Variable	N	Mean	SD	t-cal	t-crit	p-value	Decision
Counselling group	200	4.16	0.81	7.89	1.97	0.000	Reject H_{02}

Counselling significantly enhanced self-concept among participants.

Hypothesis Three (H_{03})

Counselling has no significant impact on the self-esteem of PLWHA.

Table 9 Statistical Test of the Effect of Counselling on Self-esteem

Variable	N	Mean	SD	t-cal	t-crit	p-value	Decision
Counselling group	200	4.17	0.77	7.34	1.97	0.000	Reject H_{03}

The analysis confirms that counselling significantly improves self-esteem among PLWHA in Makurdi.

Hypothesis Four (H_{04}):

Counselling has no significant impact on the self-efficacy of PLWHA.

Table 10 Statistical Test of the Effect of Counselling on Self-efficacy

Variable	N	Mean	SD	t-cal	t-crit	p-value	Decision
Counselling group	200	4.17	0.79	8.02	1.97	0.000	Reject H_{04}

Counselling significantly increases self-efficacy, validating the theoretical proposition of Bandura (1986) that self-belief is learned and strengthened through supportive interaction.

Hypothesis Five (H_{05})

Counselling has no significant impact on the self-sufficiency of PLWHA.

Table 11 Statistical Test of the Effect of Counselling on Self-sufficiency

Variable	N	Mean	SD	t-cal	t-crit	p-value	Decision
Counselling group	200	4.04	0.85	6.91	1.97	0.000	Reject H_{05}

The result indicates that counselling significantly improves clients' independence, responsibility, and ability to function productively.

4.3. Summary of Findings

The study concluded by suggesting that

- Counselling plays an important role in actualizing the life of PLWHA through the development of a renewed desire, meaning, and direction in life.
- Counselling increases positive self-concept among the clients such that they come to accept themselves with their HIV status integrated into a positive personal identity.
- Counselling leads to an increase in self-esteem which results in the patient's ability to regain self-worth and confidence to productively participate in social relationships.
- Counselling influences self-efficacy in a way that the PLWHA develops the ability to cope with stress, make sound decisions, and maintain adherence.
- Counselling increases self-sufficiency to the extent that the client becomes independent and lives productively despite the illness.

The outcomes of this study support the hypothesis that counselling has a significant positive impact on the five dimensions of psychological adjustment. The narratives of the participants, as well as the resulting quantitative data, point to the fact that the life of PLWHA is changed through counselling from stigma, and psychological discomfort to self-actualization.

4.4. Discussion of Key Trends in the Data

Uniformity of mean scores (>4.0) for all the variables shows that counselling interventions have a positive impact on mental well-being of PLWHA. The marginally higher means for the female respondents across constructs also revealed that women fared better on scales measuring the benefits of counselling due to higher degrees of openness and social expressiveness [19]. Participants who reported having attended more than three counselling sessions scored higher on measures of self-concept and self-efficacy, further pointing to the positive impact of continued participation in counselling.

The significance of t-test results for all the five hypotheses was in consonance with Rogers's [31] person-centred postulate that empathy and unconditional positive regard (UPR) lead to psychological change. The results were also consistent with Ellis's claim that people become better adapted when irrational beliefs are changed [15]. Findings validated the hypotheses that counselling was effective in diminishing internalized stigma and promoting self-acceptance, leading to the construction of positive identity and functional self-perceptions.

5. Discussion of Findings

The study's main aim was to investigate the impact of counselling on the mental health of persons living with HIV/AIDS (PLWHA) in Makurdi, Benue State, Nigeria, particularly in terms of the five aspects of psychological adjustment, self-actualization, self-concept, self-esteem, self-efficacy, and self-sufficiency. The findings of this study, based on Carl Rogers's Person-Centred Theory and Albert Ellis's Rational-Emotive Behaviour Therapy (REBT), provide evidence that counselling can help PLWHA overcome internalized stigma and achieve self-acceptance and personal growth.

5.1. Counselling and Self-Actualization

In this study, a strong positive significant relationship was found between counselling and self-actualization among PLWHA in Makurdi. According to the respondents, after counselling they have a purpose in life, set goal in life and they are more motivated to live life again despite their current status. This finding is in line with which suggested that once the client is given empathy, unconditional positive regard, and genuineness by the counsellor, the client then has all he needs to change and grow on his own [31], [32].

One of the things that self-actualization represents among PLWHA is a creative and fulfilled life. With reference to HIV/AIDS, self-actualization can be interpreted as how clients can re-invent themselves from being persons defined by the disease to persons who have fully acknowledged their HIV status and move on with life. Counselling, therefore, provided a safe space for the clients to ventilate their feelings without being judged by others and this helps the clients to accept their fate and turn their attention to future goals. This is consistent with which reported that counselling have been found to enhance the self-understanding and life purpose of chronically ill patients [5]. In a similar vein, also reported a positive effect of planned counselling sessions on the motivation and personal growth of HIV patients in India [29].

This finding means that HIV infection does not eliminate the chances of self-actualization in HIV positive individuals, but with the support of a good counselling, it is still possible for individuals to become creative, productive, and active members of society. In other words, counselling can help clients make the necessary changes in themselves for a better life.

5.2. Counselling and Self-Concept

5.2.1. Self-concept

The result was significant indicating that self-concept of the respondents was enhanced through counselling. Counselling made the respondents to accept themselves as worthy persons despite being infected with HIV/AIDS. This result is in line with a study that argues that self-concept is a cognitive schema influenced by how one views self and social feedback [9]. Self-concept is often affected by stigmatizing factors like HIV/AIDS and it is largely shaped by the rejection from the society and acceptance of the internalized shame [35].

Empathy and acceptance underlined counselling interventions used by the clients to restructure their negative self-views and to re-establish the boundaries between personal identity and illness. It is also related to Ellis's REBT which demonstrates that irrational and self-defeating beliefs ("I am worthless since I am infected") can be replaced by rational, more adaptive beliefs ("I am a human being who deserves respect"). Self-concept was thus achieved in counselling.

This has been reported to have the potential of allowing HIV-positive persons to reconstruct their identity and their relationship to the social world [12]. The study also showed that clients that received counselling from their peer had better acceptance of themselves and low level of internalized stigma [19]. As revealed by the findings in Makurdi community where strong cultural and religious norms have been inculcated in people, counselling can help in the restoration of a positive self-concept. Counselling helps a person to correct the false self-views and over time this mental balance can lead to social reintegration.

5.3. Counselling and Self-Esteem

The findings from the study showed a significant positive correlation between counselling and self-esteem. The clients felt more confident, valued, and socially involved after being counselled. This finding is in tandem with the conceptual assumptions that self-esteem is the central aspect of psychological adjustment and may be influenced by the evaluation of the self in relationship to others [2], [36].

The self-esteem of HIV infected persons has been shown to be eroded by stigma, rejection, and physical changes [17]. Counselling can help buffer these problems by giving the client emotional support, helping him to recognize his worth as a person, and by teaching him assertiveness skills. In addition, the experience of a positive therapeutic relationship itself, which is founded on empathy and acceptance, may provide the client with a corrective emotional experience to years of social isolation.

The findings from the study are consistent with the report which showed that counselling intervention significantly improved self-esteem and adherence to treatment among PLWHA in Nigeria [1]. In another study, cognitive-behavioural counselling was found to have improved self-esteem and social confidence among chronic patients [16]. In the current study, the research has also been able to find out that counselling was effective in helping clients in the sociocultural environment of Makurdi to question self-blame statements and to reconstruct their self-worth.

A better self-esteem is associated with increased treatment compliance, optimism, and interpersonal relationships. As stated earlier, persons with positive self-esteem are able to achieve greater levels of agreement between the real and the ideal self, which may result in psychological wellness [31]. Hence, enhancement of self-esteem through counselling is the foundation for achieving mental health.

5.4. Counselling and Self-Efficacy

The other major outcome showed that counselling enhanced self-efficacy among PLWHA. Participants confirmed that they felt better equipped to deal with day-to-day problems, take their drugs, and make personal decisions. This finding supports that Social Cognitive Theory's premise is that self-efficacy beliefs influence how people think, feel, and act [7]. The mechanism through which counselling impacts the client and improves self-efficacy includes helping them to develop mastery experience, verbal persuasion and providing role models that offer adaptive coping with problems.

Research has also shown that counselling interventions effectively enhanced patient's self-confidence in coping with HIV stressors and medication adherence [25]. It was further shown that counselling sessions that focus on skills like coping and self-regulation significantly increase self-efficacy among PLWHA in Benue State [5]. The results of the current study are also in alignment with the above findings that when counsellors help clients to reframe their challenges as manageable, they start to view themselves as capable agents instead of helpless victims.

In clinical outcomes, increased self-efficacy results in better health behaviours such as clinic attendance, disclosure to significant others and avoidance of high-risk activities. Counselling, therefore, impacts both psychological and physical health outcomes by equipping the client to take charge in the management of the condition.

The implication of this finding is that counsellors should work with PLWHA and use interventions that enhance problem-solving skills, and goal setting and also have components that target stress management that directly reinforced efficacy beliefs and encouraged resilience.

5.5. Counselling and Self-Sufficiency

The study equally showed that counselling has the capacity to develop the self-sufficiency of the PLWHA. The respondents opined that through counselling, they were made to be involved in productive activities. They were also empowered to be able to make decisions on their own. The respondents through the same process were able to not have to look up to any other person to receive emotional support. This finding is in line with findings which asserted that the essence of self-sufficiency was the ability of a PLWHA to carry his own life and also contribute to society [20]. This ability

in a chronic condition would represent the psychological independence of an individual even though physically incapacitated and the ability to function at a reasonably high level.

It was also found that through the process of counselling and vocational guidance interventions, clients with chronic health conditions were made to be economically and emotionally independent [13]. Additionally, [27] in his study found that counselling helps an individual to be able to be self-reliant because, through counselling, a person is able to gain emotional strength and life skills. The current study further substantiates this point by showing that with the help of counselling, people living with HIV/AIDS in Makurdi state are able to be transformed from a state of helplessness, hopelessness, and dependence to a state of capability and productivity.

However, with the accompanying psychological suffering of stigmatization and lack of an enabling environment that may as well rob the PLWHA of the will to be involved in productive activities, the ability to develop self-sufficiency in PLWHA through counselling has also important social implications as it helps to maintain the dignity of PLWHA, minimizes the financial and psychological burden of dependency on families and caregivers and maximize active participation in community activities. This view supports the general assertion that psychological empowerment is a precondition for social and economic empowerment.

5.6. Integration of Findings with Theoretical Framework

Both the Person-Centred Theory and Rational-Emotive Behaviour Therapy are supported by the study's empirical findings. Rogers's [31] concepts of empathy and unconditional positive regard are exemplified by the respondents' accounts of feeling valued and accepted. The safe and accepting space created by the counsellors allows clients to restructure their self-concepts to be more realistic and positive. In line with the theory, this aligns their self-perceptions with reality, catalysing psychological growth and self-actualization. The strong link between counselling and improved self-concept and self-esteem as shown in this study can be theoretically explained by Rogers's model.

Ellis's [15] Rational-Emotive Behaviour Therapy (REBT) model is also reflected in the cognitive restructuring observed in the counselees. From the data, many respondents moved from irrational and stigmatized beliefs ("My life is meaningless") to rational and affirming statements ("I can still live productively with support and treatment"). This transformation is indicative of the way counselling shifts cognitive patterns to promote emotional stability and adaptive behaviours.

The integration of the two theories provides a more comprehensive theoretical understanding of counselling efficacy: Rogers's model centers on affective healing, while Ellis's model emphasizes cognitive restructuring to enable rational thinking and self-efficacy.

5.7. Relationship of Findings to Previous Studies

Findings from this study are in agreement with other studies that highlighted the psychosocial benefits of counselling in PLWHA. For instance, it showed similar improvement in the aspect of self-actualization following counselling intervention [27]. It identified counselling as a determinant of good self-efficacy and self-esteem, respectively [5], [8]. It was also stated that peer-support counselling decreased depression and improved self-concept among HIV patients [19]. These studies and the present study, among others, have proven beyond reasonable doubt that counselling is relevant for adjustment universally in different cultural settings.

However, this study involved participants from Makurdi (high prevalence area) with profound cultural stigma. The findings, therefore, add to the body of knowledge by showing that counselling as a mode of intervention works even in places with limited resource (North-Central Nigeria) where it is professionally carried out.

5.8. Implications of the Findings

Based on the findings of this study, the following recommendations are made for counselling practice, health policy and social development:

5.8.1. Recommendations for Counsellors

Counsellors should make use of person-centred and cognitive-behavioural approaches while counselling PLWHA. They should be guided by empathy, self-acceptance and cognitive restructuring principles to help their clients develop coping skills, self-efficacy and resilience.

5.8.2. Recommendations for Healthcare Institutions

Hospitals and ART centres should adopt counselling as an integral part of HIV treatment and care, rather than an optional service. This will help to address the psychological and emotional needs of PLWHA, as well as reduce stigma and discrimination.

5.8.3. Recommendations for Policy Makers

The Benue State Ministry of Health and the National Agency for the Control of AIDS (NACA) should consider developing and implementing policies that require all HIV treatment centres to have trained counsellors as part of their staff. This will help to ensure that PLWHA receive comprehensive care that includes psychosocial support.

5.8.4. Recommendations for Non-Governmental Organizations

NGOs and other organizations that are involved in HIV/AIDS programmes should allocate resources for psychosocial interventions and community-based counselling training, in order to increase access to such services for underserved populations.

5.8.5. Recommendations for Future Research

Longitudinal studies should be conducted to investigate the long-term impact of counselling on various aspects of the lives of PLWHA, such as adherence to treatment, employment, and family functioning.

5.9. Summary of Discussion

In conclusion, the research findings offer concrete and incontrovertible empirical evidence that counselling PLWHA in Makurdi has an overwhelmingly positive effect on their mental health in five domains of psychological well-being. The results have shown that counselling has moved individuals to a better place psychologically in the five domains of psychological well-being, that is, from stigma to self-acceptance, from dependence on society to personal growth, from emotional distress to positive relations with others, from isolation to autonomy, and from self-rejection to self-actualization.

The study has therefore enhanced knowledge of counselling as a crucial component of the management of HIV and AIDS in Nigeria.

6. Conclusion

The study establishes beyond doubt that counselling is a significant predictor of PLWHA's psychological well-being in Makurdi, Benue State. Guided by the principles of person-centred and rational-emotive theories, the results of the study confirmed that counselling has a direct, positive effect on improving self-actualization, self-concept, self-esteem, self-efficacy, and self-sufficiency, all of which are crucial elements of mental resilience and adaptive functioning. By helping PLWHA to accept their emotions, challenge irrational beliefs, and build coping mechanisms, counselling provides the means to move beyond the stigma, rebuild a sense of self-worth, and live more meaningful and self-directed lives.

The study findings suggest a repositioning of counselling as an integral part of HIV care, rather than an optional support service. While antiretroviral therapy helps to maintain physical health, counselling supports the psychological aspects that are vital for treatment adherence, social reintegration, and long-term well-being. The study not only validated theoretical expectations but also provided empirical, region-specific evidence to support the integration of counselling in HIV care. Counselling has been shown to not only reduce emotional distress and self-stigma but also to improve resilience, promote adaptive thinking, and foster better coping with daily challenges. The resulting positive psychosocial changes suggest a need for a more holistic approach to HIV management that pairs medical treatment with regular psychosocial support, particularly in socio-cultural contexts like Makurdi, where stigma is still common.

In addition to providing evidence for the link between counselling and psychological well-being in PLWHA, the study also made valuable contributions to practice, policy, and future research. By developing a measurable model of psychological well-being, the study provided a practical tool for counselling services to evaluate their interventions and demonstrate their value in HIV care. The study also highlighted the power of peer support and the role of trained counsellors in HIV programmes. The limitations of the study are acknowledged, including the geographical focus, convenience sampling, self-report measures, cross-sectional design, and difficulty in accessing HIV testing centres. It is clear from the research, however, that counselling is a powerful tool for changing the lives of PLWHA. Improving counselling services, encouraging anti-stigma campaigns, and promoting multidisciplinary and family-inclusive

approaches are among the measures that could help to improve counselling's outcomes and ensure a more comprehensive approach to HIV care.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of Ethical Approval

This study was conducted in accordance with the principles outlined in the Declaration of Helsinki. Ethical approval was obtained from Benue State Ministry of Health and each of the management of the participating facilities.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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