

# Self-Compassion, Loneliness, and Well-Being in People Living with HIV

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## ABSTRACT

We hypothesized that higher levels of self-compassion among people living with HIV (PLWH) would be related to lower levels of loneliness, which in turn would be associated with better psychological well-being (lower levels of depression and negative affect and higher positive affect). 106 PLWH completed an online survey that measured demographic variables, self-compassion, loneliness, and psychological well-being. Mediation analyses revealed that loneliness mediated the relationship between self-compassion and depression and negative affect, but not positive affect. These findings indicate that encouraging self-compassion may have a positive effect on psychological well-being among people living with HIV by reducing loneliness.

## INTRODUCTION

- Self-Compassion includes three components:
  - Self-Kindness
    - Maintaining an understanding approach toward oneself.
  - Common Humanity
    - Seeing one's experiences as part of the general human experience.
  - Mindfulness
    - Accepting difficult experiences or circumstances without self-judgment or self-blaming.
- Self-compassion is related to increased well-being and illness management in PLWH.
  - Reduced depressive symptoms.
  - Increased medication adherence.
  - May also be linked to lower levels of loneliness.
- Loneliness can be conceptualized as a sense of social isolation as well as a negative emotional experience.
  - Associated with poorer well-being, including higher levels of depression.
  - May be associated with poorer immune status and faster disease progression among individuals with HIV.
  - Loneliness may explain the relationship between self-compassion and psychological well-being.
- Understanding self-compassion, loneliness, and psychological well-being may carry health implications for PLWH.

## HYPOTHESIS

- Loneliness will function as a mediator of the relationship between self-compassion and psychological well-being.
- Specifically, we expected that higher levels of self-compassion would be associated with lower levels of loneliness, which in turn would be associated with increased psychological well-being (decreased depression, decreased negative affect, and increased positive affect).

## PARTICIPANTS (N = 106)

Age	Mean= 42.6
Gender	Male= 66%, Female= 44%
Ethnicity	Black= 48.2% , White= 38.5%, Hispanic= 13.2%, Biracial= 2.8%
Education	Did Not Graduate High School = 5.7%, High School Graduate = 74.5%, College Graduate = 19.8%
Annual Income	\$10,000-14,999
Time Since HIV Diagnosis	11.2 Years

## PROCEDURE

- Eligibility Criteria
  - At least 18 years of age.
  - Diagnosed by a doctor with HIV or AIDS.
  - Valid email address and ability to complete an online questionnaire.
- 106 PLWH completed an online questionnaire and were compensated with a \$20.00 gift card.
- Measures included:
  - Self-Compassion
    - Self-Compassion Scale- Short Form
  - Loneliness
    - UCLA Loneliness Scale
  - Depression
    - Center for Epidemiological Studies- Depression Index (CES-D)
  - Positive and Negative Affect
    - Positive and Negative Affect Schedule (PANAS)

## MEASURES

Measure	Mean	SD	Actual Range	Potential Range	$\alpha$
Loneliness	38.32	8.2	12-60	12-60	.76
Self-Compassion	18.31	6.2	8-31	8-32	.85
Depression	21.45	13.6	0-54	0-60	.92
Positive Affect	30.77	10.6	10-50	10-50	.94
Negative Affect	21.18	9.5	10-44	10-54	.94

## ANALYSIS PLAN

- Multiple Hierarchical Regression and Mediation Analysis
  - Predictor Variable: Self-Compassion
  - Mediator: Loneliness
  - Criterion Variables: Depression, Positive Affect, and Negative Affect
- Significance of Indirect Effects
  - Bootstrapped Confidence Intervals
- Covariates
  - Any sociodemographic, health, or social characteristics significantly correlated with any of the outcome variables.

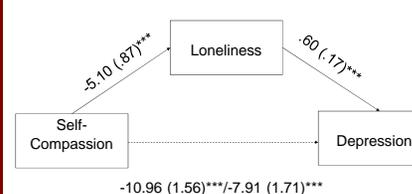
## RESULTS

- Total Effects
  - Mediation analyses showed significant total effects between self-compassion and higher depression ( $b = -10.96$ ,  $SE = 1.56$ ,  $p < .001$ ), higher negative affect ( $b = -6.78$ ,  $SE = 1.27$ ,  $p < .001$ ) and lower positive affect ( $b = 8.60$ ,  $SE = 1.52$ ,  $p < .001$ ).
- Mediation Analyses
  - Loneliness functioned as a partial mediator of the relationship between self-compassion and depression and negative affect, but not between self-compassion and positive affect.
  - The total model (including covariates) explained 62.1% of the variance in depression and 51.7% of the variance in negative affect.

## SIGNIFICANCE OF INDIRECT EFFECTS

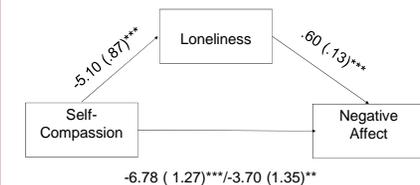
Outcome Variable	Indirect Effect	Bootstrapped Confidence Interval
Depression	-3.05	-5.36 to -1.29*
Negative Affect	-3.13	-5.10 to -1.47*
Positive Affect	1.48	1.48 to 2.59

## DEPRESSION



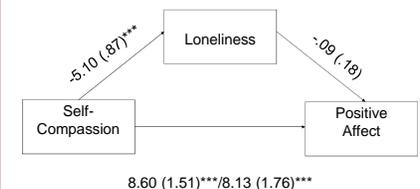
\*\*\*  $p < .001$   
Covariates include age, years since HIV diagnosis, income, health status, HIV symptoms, ethnicity, and living status

## NEGATIVE AFFECT



\*\*  $p < .01$ ; \*\*\*  $p < .001$   
Covariates include age, years since HIV diagnosis, income, health status, HIV symptoms, ethnicity, and living status

## POSITIVE AFFECT



\*\*\*  $p < .001$   
Covariates include age, years since HIV diagnosis, income, health status, HIV symptoms, ethnicity, and living status.

## DISCUSSION

- The relationship between self-compassion and better psychological well-being, especially lower levels of depression and negative affect, is partially explained by lower levels of loneliness.
  - Characteristics of self-compassion, including self-kindness and a sense of common humanity, may work to prevent loneliness among people living with HIV.
  - Self-compassion may also promote affiliation with others, which may protect against social isolation.
- Interventions aimed at improving well-being among PLWH may target improving a sense of self-compassion.
- PLWH who experience more self-compassion, less loneliness, and less psychological distress may experience better illness outcomes, be more adherent to medication recommendations, and have slower disease progression.