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

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PARTICIPANTS (N = 106)

**NEGATIVE AFFECT**

- 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.).

**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)

**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 = -8.78, SE = 1.27; p < .001) and lower positive affect (b = 10.96, SE = 1.56; 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.

**MEASURES**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>SD</th>
<th>Actual Range</th>
<th>Potential Range</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loneliness</td>
<td>38.32</td>
<td>8.2</td>
<td>12-60</td>
<td>12-60</td>
<td>76</td>
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<td>Self-Compassion</td>
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<td>6.2</td>
<td>8-31</td>
<td>8-32</td>
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<tr>
<td>Depression</td>
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<td>13.6</td>
<td>0-54</td>
<td>0-60</td>
<td>92</td>
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<tr>
<td>Positive Affect</td>
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<td>10.6</td>
<td>10-50</td>
<td>10-50</td>
<td>94</td>
</tr>
<tr>
<td>Negative Affect</td>
<td>21.18</td>
<td>9.5</td>
<td>10-44</td>
<td>10-54</td>
<td>94</td>
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</tbody>
</table>

**MEASURES (Cont.)**

<table>
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<tr>
<th>Measure</th>
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<th>SD</th>
<th>Actual Range</th>
<th>Potential Range</th>
<th>α</th>
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<td>5.38 to 1.29</td>
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<td>0</td>
<td>1.48 to 2.59</td>
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</table>

**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.