



# Unsupportive Social Interactions, Shame, and Psychological Well-Being in People with HIV

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## ABSTRACT

We hypothesized that unsupportive social interactions (USI) would be associated with poorer psychological well-being in people living with HIV (PLWH), and that this relationship would be explained by increased levels of shame. 106 PLWH completed an online questionnaire including measures of HIV-specific USI, shame, depression, negative affect, and perceived stress. Results suggest that insensitive interactions were related to higher levels of depression, negative affect, and perceived stress through higher levels of shame. Internalized feelings of shame may partially explain the relationship between insensitive interactions and psychological well-being.

## PARTICIPANTS (N = 106)

Age (Years)	Mean = 42.6
Gender	66% male, 44% female
Ethnicity	48.2% Black; 35.8% White; 13.2% Hispanic; 2.8% Biracial
Education	Did Not Graduate High School = 5.7%, High School Graduate = 74.5%, College Graduate = 19.8%
Yearly Income	Median \$10,000 - \$14,999
Years since HIV diagnosis	Mean = 11.2 years

## ANALYSIS PLAN

- Hierarchical Linear Regression and Mediation Analysis
  - Predictor Variables: Inensitive Interactions, Blaming, Forced Optimism, Distancing
  - Mediator: Shame
  - Outcome Variables: Depression, Negative Affect, Perceived Stress
- Covariates
  - Any sociodemographic, health, or social characteristics associated with the outcome variable

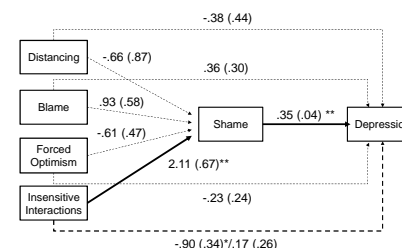
## RESULTS

- Total Effects
  - Inensitive interactions were positively related to depression ( $b = .90, SE = .34, p < .01$ ), negative affect ( $b = .61, SE = .26, p < .05$ ), and perceived stress ( $b = .57, SE = .22, p < .05$ ).
  - No other USI were associated with well-being.
- Mediation
  - Only insensitive interactions operated on depression, negative affect, and perceived stress through higher levels of shame.

Outcome Variable	Indirect Effect	Confidence Interval	Sobel's z-Test
Depression	.73	.33 to 1.15	2.96**
Negative Affect	.53	.25 to .84	2.93**
Perceived Stress	.45	.22 to .71	2.93**

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

## DEPRESSION



Covariates include: age, years since HIV diagnosis, income, HIV symptoms, ethnicity, and living arrangement. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

## INTRODUCTION

- People living with HIV (PLWH) often experience illness-specific unsupportive social interactions (USI), including being blamed for their illness, forcing optimism, being overly critical, and distancing.
  - USI are associated with poorer physical and psychological well-being.
- HIV-specific USI are a form of felt or enacted stigma, and may be associated with increased feelings of shame about one's illness condition.
  - Shame is an emotion that reflects internal feelings of inferiority, worthlessness, inadequacy, and alienation due to a behavior or a condition.
- Internalized shame may lead to poorer subjective ratings of overall well-being.
  - Feelings of shame may be a factor that explains the relationship between unsupportive social interactions and poorer well-being.

## HYPOTHESES

- HIV-specific USI will be associated with poorer psychological well-being (depression, positive and negative affect, perceived stress) in PLWH.
- Internalized shame will mediate the relationship between HIV-specific USI and psychological well-being.
  - More distancing, blaming, forced optimism, and insensitive interactions will be associated with higher levels of shame, which in turn will be associated with poorer psychological well-being.

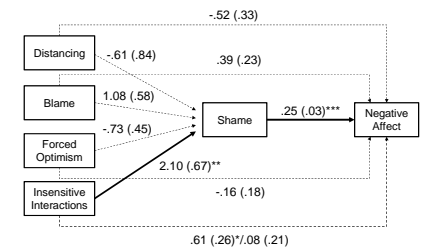
## PROCEDURE

- Participants completed an online questionnaire and were compensated with a \$20.00 gift card.
- Measures included:
  - Demographic Information
  - Unsupportive Social Interactions Scale
  - Internalized Shame Scale
  - Center for Epidemiological Studies- Depression Scale (CES-D)
  - Negative Affect Subscale of the Positive and Negative Affect Schedule (PANAS)
  - Perceived Stress Scale (PSS)

## MEASURES

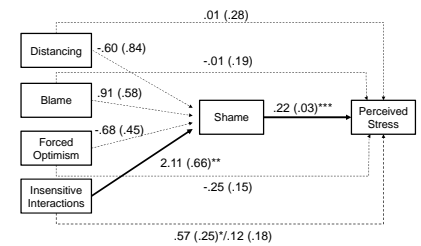
Measure	Mean	SD	Actual Range	Potential Range	$\alpha$
Distancing	6.57	6.2	0-24	0-24	.91
Blaming	6.32	7.1	0-24	0-24	.94
Forced Optimism	8.63	6.7	0-24	0-24	.89
Inensitive Interactions	8.18	6.9	0-24	0-24	.90
Internalized Shame	73.29	26.5	28-139	28-140	.96
Depression	21.45	13.6	0-54	0-60	.92
Negative Affect	21.18	9.5	10-44	10-50	.94
Perceived Stress	17.95	7.9	0-38	0-40	.81

## NEGATIVE AFFECT



Covariates include: age, years since HIV diagnosis, HIV symptoms, and living arrangement. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

## PERCEIVED STRESS



Covariates include: age, years since HIV diagnosis, self-rated health. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

## DISCUSSION

- Internalized feelings of shame appear to partially explain the relationship between insensitive interactions and psychological well-being.
- Psychotherapeutic interventions targeting internalized shame may have several benefits.
  - Reduction in psychological distress.
  - Lessened effects of insensitive or stigmatizing social interactions on the well-being of individuals living with HIV.
- Individuals living with HIV who experience less psychological distress may experience better illness outcomes, be more adherent to medication recommendations, and have slower disease progression.