

Abstract

Given the potentially devastating impact of HIV/AIDS, an understanding of challenges to coping with HIV/AIDS may lead to the development of appropriate interventions and services. The goal of this study was to identify psychosocial factors associated with psychological distress (i.e., depression, anxiety, and stress) among persons living with HIV/AIDS. Relationships among psychosocial factors for persons with HIV/AIDS were examined, including: psychosocial distress (i.e., depression, anxiety, stress), social constraints, and emotional coping (i.e., emotional processing, emotional expression). Results showed a number of significant correlations among these psychosocial factors. This suggests possible psychosocial needs that may be addressed in interventions for people living with HIV/AIDS.

Introduction

Living with a chronic illness such as HIV/AIDS has been found to pose increased risk for psychological distress. Griffin and Rabkin (1997) reviewed the available literature on self-reported psychological distress among people living with HIV/AIDS relative to comparison groups of persons without HIV/AIDS. They found that while persons with HIV/AIDS have not been found to have higher rates of psychiatric disorder, individuals with HIV/AIDS do demonstrate higher levels of psychological distress than comparison groups. Although these elevations are not typically extreme, it would be helpful to identify factors related to this distress in order to develop appropriate interventions and services.

Psychological distress, in the form of depression, anxiety, or stress, may be influenced by other psychosocial variables. Given the stigma associated with HIV infection, social constraints (Lepore, 1997; Lepore & Ituarte, 1999), or the extent to which one's social network inhibits the expression of HIV-related concerns, may play a role in the distress level of persons living with HIV/AIDS. Similarly, the expression of emotion and the processing of emotional states (Stanton, Kirk & Danoff-Burg, 2000) may influence the level of distress among persons living with HIV/AIDS. Interrelationships among these variables were examined in the present study.

Method

Participants:

The sample consisted of 118 persons living with HIV or AIDS who were participants of the 2004 Positive Living Conference, a consumer-based conference for people living with HIV/AIDS. The sample was predominantly male (74.6%), homosexual (52.5%), and ethnically diverse, with an equal representation of Caucasians and African Americans (45.8% each).

Procedures:

Following approval from the Institutional Review Board, data were collected from participants of an annual consumer based conference for people living with HIV/AIDS. The researchers obtained written, informed consent from each participant. All participation was voluntary and data were kept confidential. The data were gathered through a series of paper and pencil, self-report measures, including demographics and standardized measures of psychological distress, social constraints, and emotional coping. Participants completed the packet of questionnaires in a semi-private area. In addition, respondents received a small monetary incentive for their participation.

Method (continued)

Measures:

Depression, anxiety and stress were measured with the Depression Anxiety Stress Scale, a self-report measure with three subscales and 21 Likert-type items with good reliability and validity (Antony, Bieling, Cops, Enns, & Swingson, 1998). Social constraints were measured using a 15-item, self-report measure with Likert-type items (adapted from a cancer study) that has demonstrated good reliability and validity (Lepore, 1997; Lepore & Ituarte, 1999). An emotional coping scale possessing good psychometric properties, with four Likert-type items comprising an emotional processing subscale and four Likert-type items comprising an emotional expression subscale, was used (Stanton et al., 2000).

Table 1: Demographic Characteristics of the Sample (N = 118)

	n	%
Gender		
Male	88	74.6
Female	28	23.7
Transgender	2	1.7
Race/ethnicity		
African American/Black	54	45.8
Caucasian/White	54	45.8
Other	6	5.1
Missing	4	3.4
Current Relationship Status		
Single/never married	62	52.5
Married/living as married	26	22.0
Divorced/separated	22	18.6
Widowed/other	7	5.9
Missing	1	0.9
Sexual orientation		
Homosexual	62	52.5
Heterosexual	39	33.0
Bisexual	13	11.0
Missing	4	3.4
Highest level of education achieved		
Less than 12 years	20	17.0
12 years/GED/high school diploma	33	30.0
13-15 years/some college	43	36.4
16 years/college degree or more	22	16.6
Employment		
Disabled	55	46.6
Employed: full-time/part-time/unpaid	36	30.5
Unemployed/other	18	15.3
Missing	9	7.6
Time since diagnosis		
Less than or equal to five years	34	28.8
5 to 10 years	29	24.6
10 to 15 years	29	24.6
15 years	23	19.5
Missing	3	2.5

Results

Table 2 displays sample sizes, means, and standard deviations for each measure. Mean scores on all measures were comparable to those of normative samples reported in the literature (i.e., all means were within a standard deviation of the means of normative samples in the literature).

Table 2: Sample Sizes, Means, and Standard Deviations for Psychosocial Measures

Score	n	M	SD
Depression	115	4.89	4.68
Anxiety	114	4.85	4.87
Stress	115	1.99	5.39
Social constraints	117	2.95	0.79
Emotional processing	116	2.86	0.84
Emotional expression	116	24.2	1.01



Table 3 exhibits the results of the bivariate Pearson correlations. Not surprisingly, scores on the three distress scales (i.e., depression, anxiety, and stress) were highly positively correlated with each other. Similarly, emotional processing and emotional expression subscale scores were strongly positively correlated. While emotional processing and emotional expression were significantly negatively correlated only to depression scores, social constraints scores were significantly positively correlated with each of the distress scales.

Table 3: Correlations of Psychosocial Measures

Score	Anxiety	Stress	Social constraints	Emotional processing	Emotional expression
Depression	.62 **	.67 **	.39 **	-.19 *	-.27 **
Anxiety		.66 **	.34 **	.06	-.01
Stress			.31 **	-.07	-.10
Social constraints				-.01	-.09
Emotional processing					.78 **

** p < 0.01 (2-tailed).
* p < 0.05 (2-tailed).

Discussion

As expected, the three measures of psychological distress included in this study (i.e., depression, anxiety, and stress) were strongly related to each other. Furthermore, emotional processing and emotional expression were strongly related to each other, suggesting that the two dimensions of emotional coping are interrelated.

Research has suggested that higher levels of depression, anxiety, and stress can negatively affect our body's defenses against disease (Cohen, 1988; Cohen, Tyrrell, & Smith, 1993). For example, several large-scale longitudinal studies have found relationships between depression and severity of HIV-related physical symptoms and disease progression (e.g., Lyketsos, et al., 1993; Burack, et al., 1993). With regards to the psychosocial factors related to psychosocial distress, the results suggested that emotional processing and emotional expression were negatively related to depression. This relationship suggests that those who do not attempt to understand or express their emotions are more likely to be depressed. Social constraints were positively correlated with psychological distress, including depression, anxiety, and stress. Individuals who are unable to express their HIV-related fears, pain, and concerns to friends or family appear to experience greater psychological distress.

People living with HIV/AIDS may benefit from programs that aid them in improving communication of HIV-related concerns to friends and family or providing them with opportunities to express these concerns. They may also benefit from interventions aimed at improving emotional coping. Programs that may reduce social constraints and increase emotional coping include social support groups or individual or group counseling and psychotherapy. People with HIV/AIDS may also benefit from family therapy.

References

- Antony, M.M., Bieling, P.J., Cox, B.J., Enns, M.W., & Swingson, R.P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales (DASS) in clinical groups and a community sample. *Psychological Assessment, 10*, 176-181.
- Burack, J. H., Barrett, D. C., Stall, R. D., Chesney, M. A., Ekstrand, M. L., & Coates, T. J. (1993). Depressive symptoms and CD4 lymphocyte decline among HIV-infected men. *Journal of the American Medical Association, 270*, 2568-2573.
- Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychology, 7*, 269-297.
- Cohen, S., Tyrrell, D. A., J., & Smith, A. P. (1993). Negative life events, perceived stress, negative affect, and susceptibility to the common cold. *Journal of Personality and Social Psychology, 64*, 131-140.
- Griffin, K. W., & Rabkin, J. G. (1997). Psychological distress in people with HIV/AIDS: Prevalence rates and methodological issues. *AIDS and Behavior, 1*, 29-42.
- Lepore, S. J. (1997). *Social Constraints, intrusive thoughts, and negative affect in women with cancer*. Paper presented at the annual meeting of the Society of Behavioral Medicine, San Francisco, CA.
- Lepore, S. J., & Ituarte, P.H.G. (1999). Optimism about cancer enhances mood by reducing negative social relations. *Cancer Research Therapy and Control, 9*, 165-174.
- Lyketsos, C. G., Hoover, D. R., Guccione, M., Senterfitt, W., Dew, M. A., Wesch, J., et al. (1993). Depressive symptoms as predictors of medical outcomes in HIV infection. *Journal of the American Medical Association, 270*, 2563-2567.
- Stanton, A.L., Kirk, S.B., Cameron, C.L., & Danoff-Burg, S. (2000). Coping through emotional approach: Scale construction and validation. *Journal of Personality and Social Psychology, 78*, 1150-1159.