

Determinants of psychological well-being of people infected with HIV in Poland

Brief presentation of research results



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Research framework

tested influence of innate personality traits

analysis of the role of social status

the importance of social support and coping with stress

over two years of observation

770 patients involved in total

gender differentiation

modern research methods

The psychological well-being studied within the project is an individual feeling of happiness and satisfaction with life, emotional state as well as an assessment of the quality of life resulting from health.

The Big Five – meaning what?

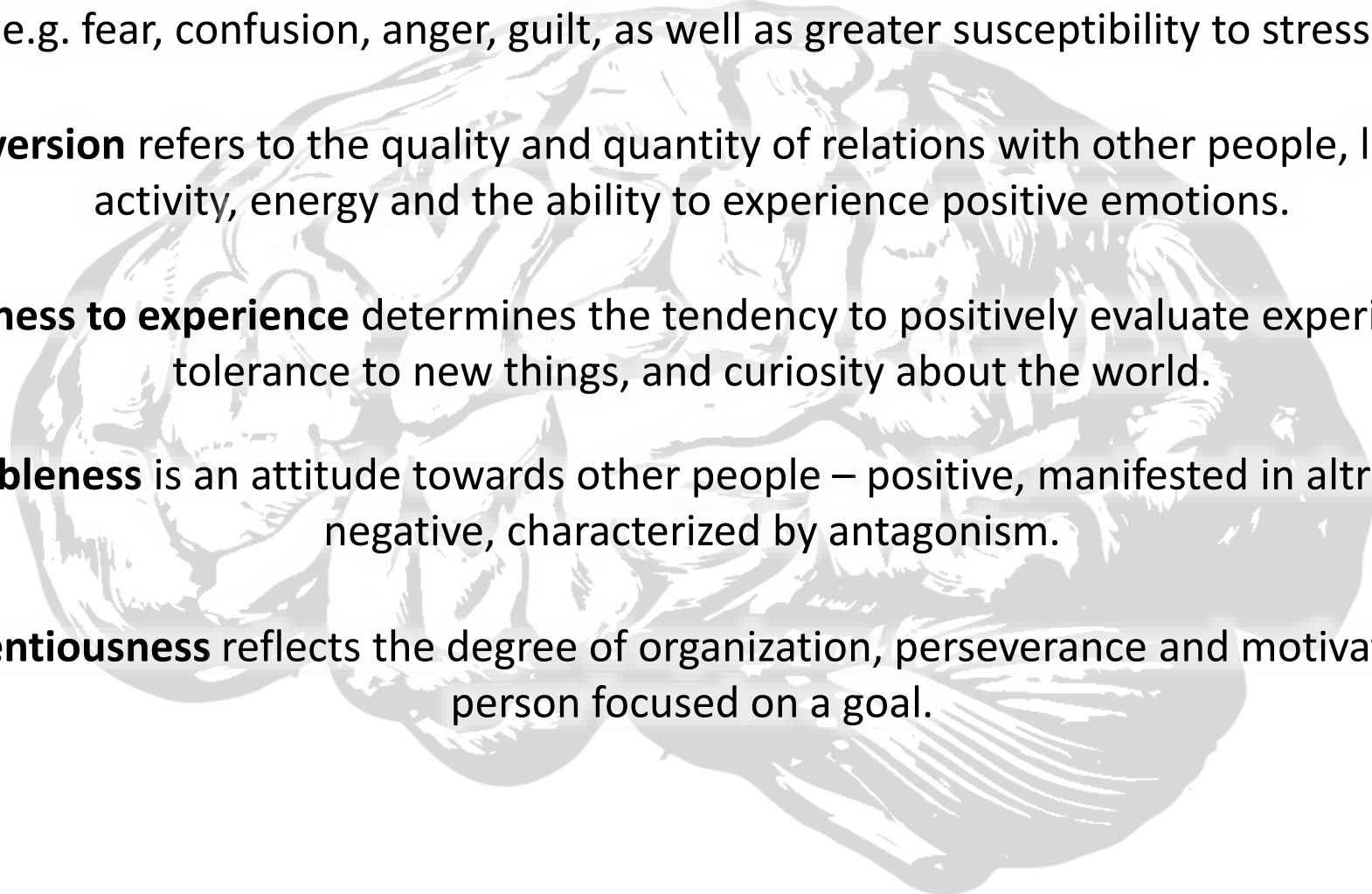
Neuroticism is a tendency to experience negative emotions – e.g. fear, confusion, anger, guilt, as well as greater susceptibility to stress.

Extraversion refers to the quality and quantity of relations with other people, level of activity, energy and the ability to experience positive emotions.

Openness to experience determines the tendency to positively evaluate experiences, tolerance to new things, and curiosity about the world.

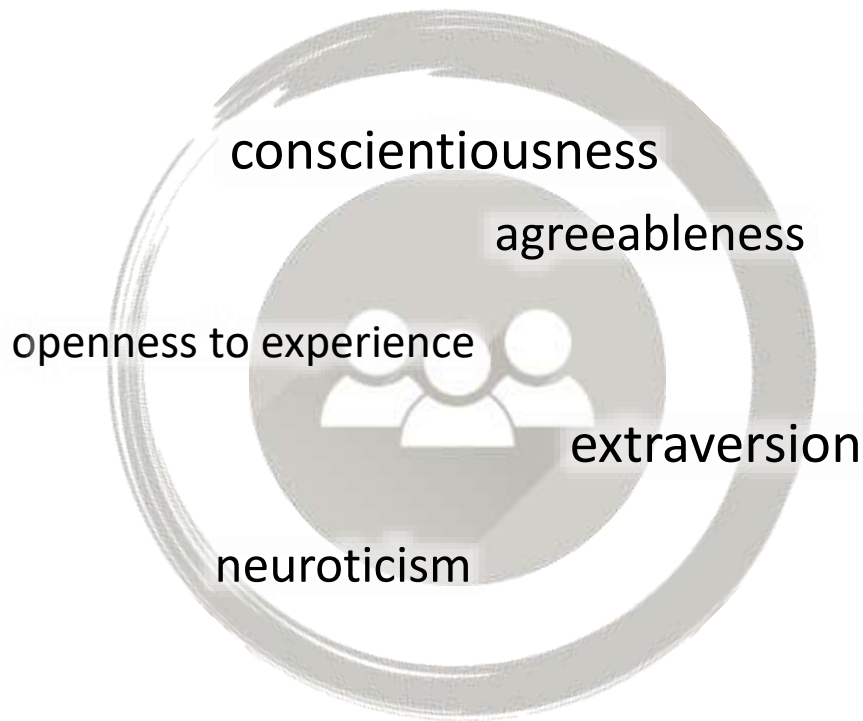
Agreeableness is an attitude towards other people – positive, manifested in altruism, or negative, characterized by antagonism.

Conscientiousness reflects the degree of organization, perseverance and motivation of a person focused on a goal.



How are innate personality traits linked to psychological well-being of people with HIV?

The study included the following Big Five personality traits:

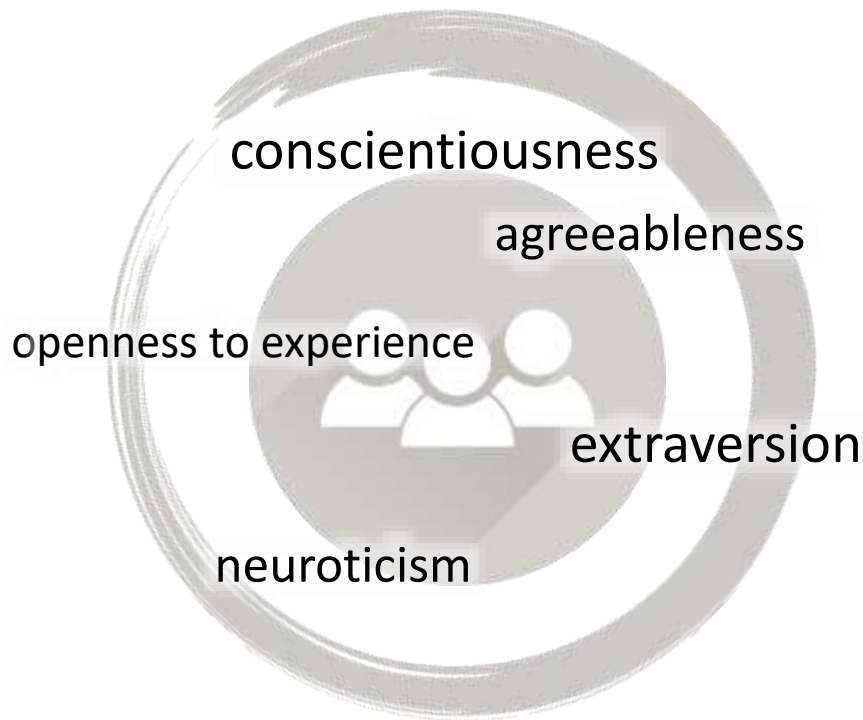


Neuroticism proved to be the strongest in those subject who declared the lowest level of well-being.

Interestingly, the current state of health was not related to the declared level of psychological well-being of patients at all: patients with better medical parameters did not feel better or were more satisfied with life.

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On the other hand, when we compared the intensity of the Big Five personality traits of HIV-infected patients with the representative population of adult Poles, we did not notice any differences except for one trait – conscientiousness, on which patients with HIV scored significantly lower.

According to many studies, high conscientiousness is associated with more systematic activities for one's own health and lower engagement in risk behaviour.

Is socioeconomic status linked to psychological well-being?

The results of the research indicate that among variables describing social status being employed and higher education were important for high declared psychological well-being.

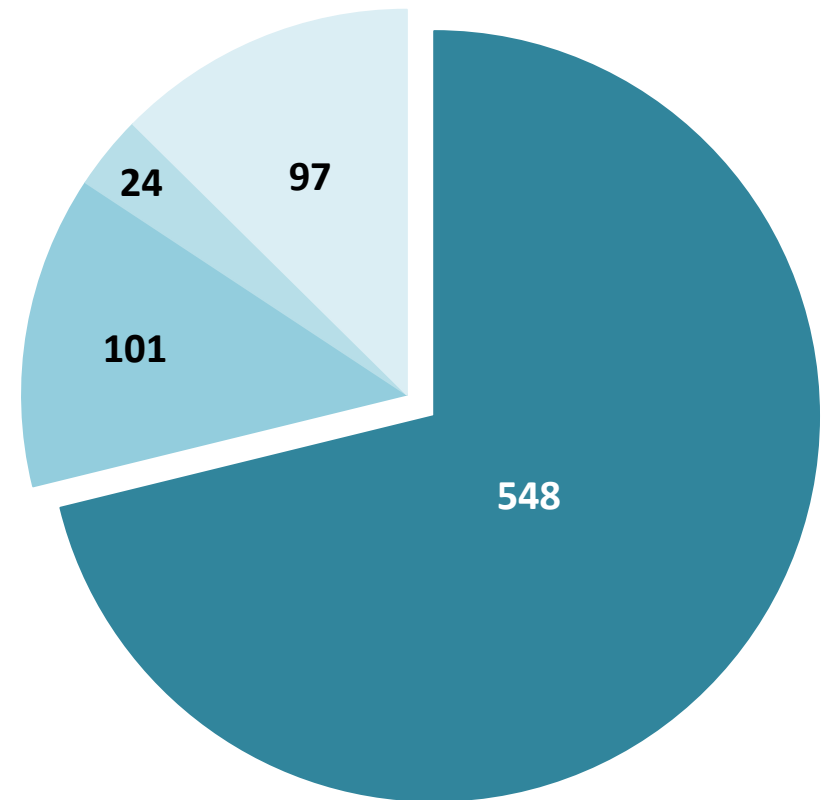


being employed



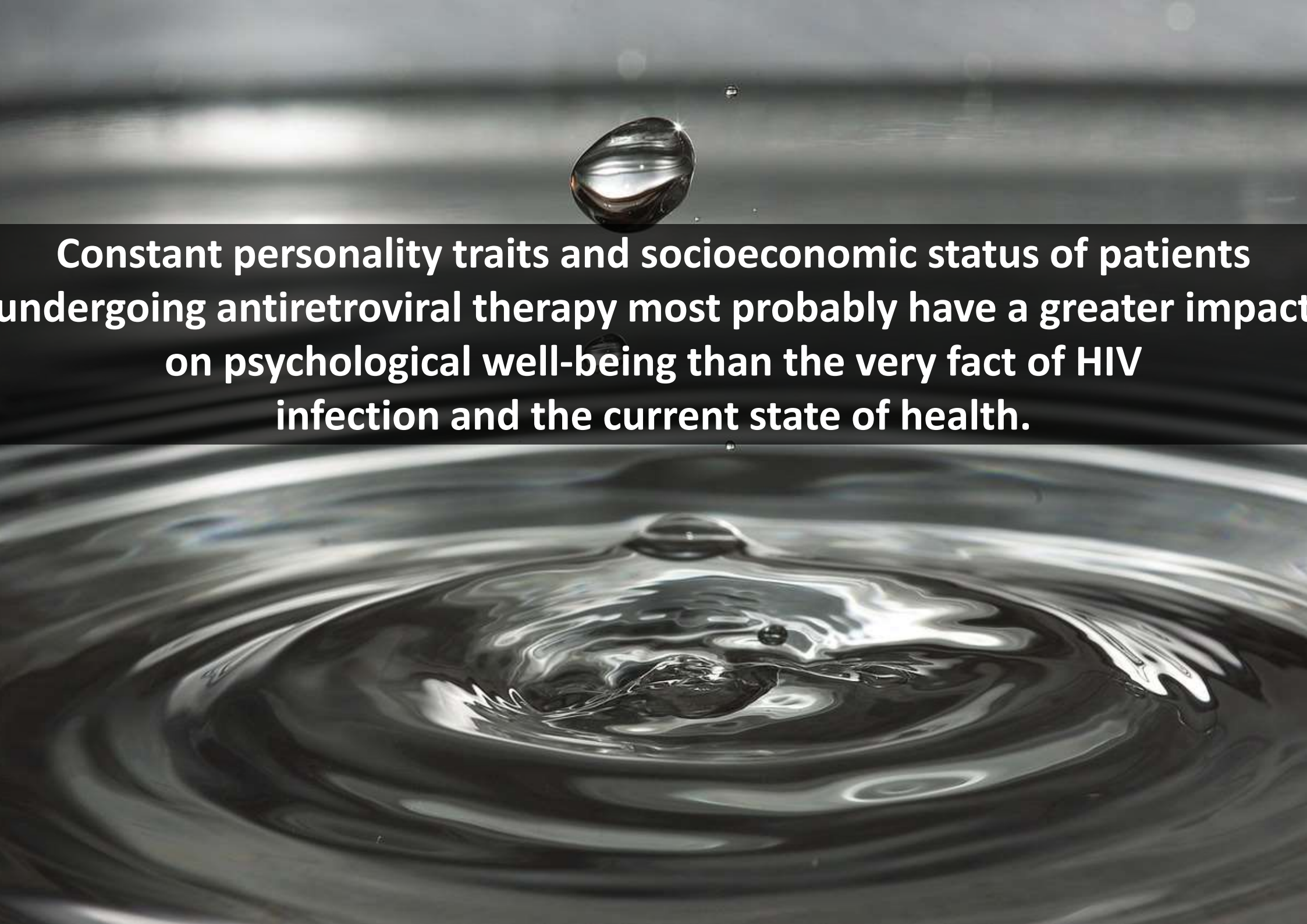
higher education

study in a group of 770 patients



- employed
- unemployed
- retired
- receiving sickness benefits

Here again the current state of health was not relevant to the level of psychological well-being declared by the patients.



Constant personality traits and socioeconomic status of patients undergoing antiretroviral therapy most probably have a greater impact on psychological well-being than the very fact of HIV infection and the current state of health.

How do HIV-infected people cope with stress?

A higher level of well-being was associated with a *lower* intensity of the entire spectrum of coping strategies.

So if infected persons are satisfied with their lives and are generally in a good mood, they do not see the need to trigger coping processes.

In turn, in the opposite case of extremely low well-being they resort to all methods of coping: from the use of psychoactive substances, through social support, distractions, rumination, religious practices, to positive re-evaluation and seeking small pleasures. It is rather like a drowning man catching a straw and one can expect that it produces similar effects.

Moreover, a triple (3 times for 5 days every six months) diary study of rumination (*constant thinking about difficult experiences*) and positive re-evaluation (*looking for good sides in experienced difficulties*) showed that the negative effect of rumination persists over time, whereas the beneficial effect of positive re-evaluation disappears.

Therefore people who ruminate in the face of stress report consistently poorer daily well-being.



Does gender matter for psychological well-being?

The HIV-infected women tested in the study generally report a lower level of psychological well-being than infected men. Their worse professional situation and lower level of education were of the greatest importance here.

study in a group of 770 people



The surveyed women accounted for about 22%, and their lower psychological well-being is also a reflection of the so-called *gender paradox*. Research shows that when people of one sex dominate among the sick, people of the opposite sex, less “typical” of a given disease, generally have a lower level of well-being.

With regard to HIV/AIDS, this may be due to a number of circumstances, including the greater stigmatization of infected women as a minority group in this context.

Does gender matter for coping with stress?

In stressful situations men more often used **avoidance strategies**.

This involves taking various intoxicating substances, such as alcohol or drugs, so that a difficult life situation does not cause such a strong pressure and unpleasant sensations on a person.



Women, on the other hand, rely more on the strategy of **positive re-evaluation**.

It involves looking for and emphasizing the good sides of an undesirable situation, accepting it and drawing constructive conclusions from the existing difficulties for the future.

It is worth noting that only in the case of women was the use of this strategy of coping with stress compatible with their declared level of psychological well-being. In men there was no such dependence at all, which means that it did not matter for their well-being which strategy they used.

Has the quality of life of patients changed during the year?

The level of quality of life for 141 patients with HIV tested three times at six-month intervals proved to be stable, although it depended to varying degrees on the area assessed.

The quality of life was the most stable in the **psychological area**, that is with regard to **self-esteem** and **general well-being**, and the least stable in the **social area**, that is with regard to **relations with other people**, including **intimate relationships**.

The following traits were the strongest drivers of the quality of life:

extraversion

neuroticism

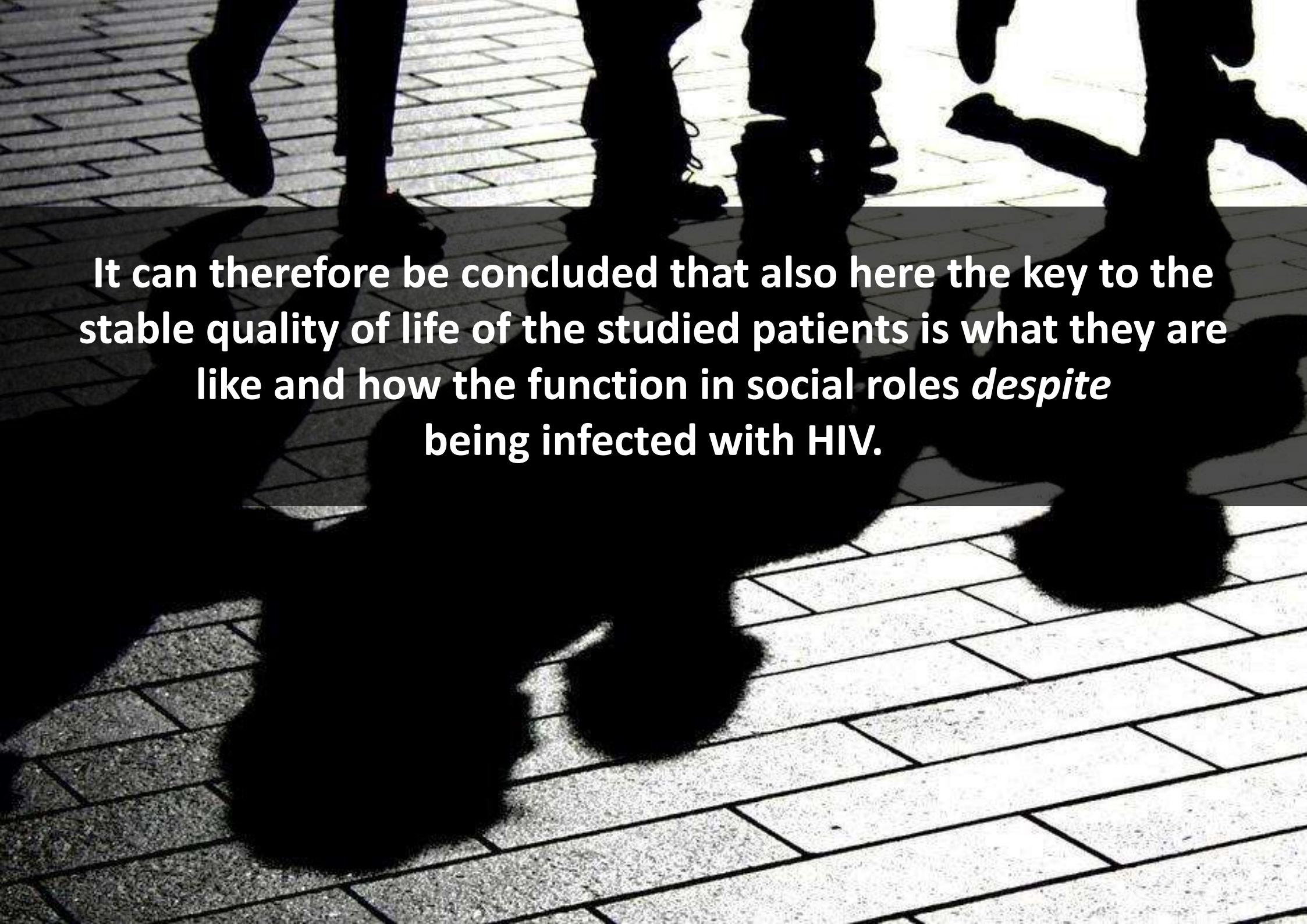
Higher extraversion was associated with a *higher* quality of life.



Higher neuroticism was associated with a *lower* quality of life.

Having a job and being in a close relationship also mattered for the high stable quality of life.

Again, medical variables did not play any significant role.

The background of the slide features a high-contrast, black and white photograph of several people walking on a paved surface. The image is dominated by the dark silhouettes of the individuals' legs and feet, which are cast against a bright, sunlit ground. The pavement consists of rectangular tiles, and the overall scene conveys a sense of movement and a public, outdoor setting.

It can therefore be concluded that also here the key to the stable quality of life of the studied patients is what they are like and how the function in social roles *despite* being infected with HIV.

Emotional state of people with HIV and the course of the disease

The emotional state (positive and negative emotions) and the course of the disease of 141 HIV patients were monitored for a year with the use of the questionnaire method. When assessing health, the greatest emphasis was placed on the number of CD4 lymphocytes.



CD4 lymphocytes are important cells of the human immune system and their number is significantly reduced by the multiplying HIV unless appropriate therapy is used. The reduction in CD4 count is the cause of, among others, the emergence of opportunistic infections, which is the essence of AIDS.

The highest level of negative emotions was associated with the lowest level of CD4 lymphocytes.

Moreover, in more than half of the patients (approx. 51%), these negative emotions intensified over time, which coincided with the decline in CD4 lymphocytes.

The examined women were characterized by a much worse emotional well-being and much lower CD4 lymphocyte count than the examined men.

Research results indicate complex interdependencies between negative emotions and the somatic state – we are talking about psychosomatic and somatopsychic relations.

For example, a worse mood may demotivate patients making them less keen to follow the treatment and thus aggravate disease symptoms, but also deterioration of somatic functioning may result in depressive reactions even without the patient knowing that his or her somatic state has worsened.

Does of psychological well-being change day by day and why?

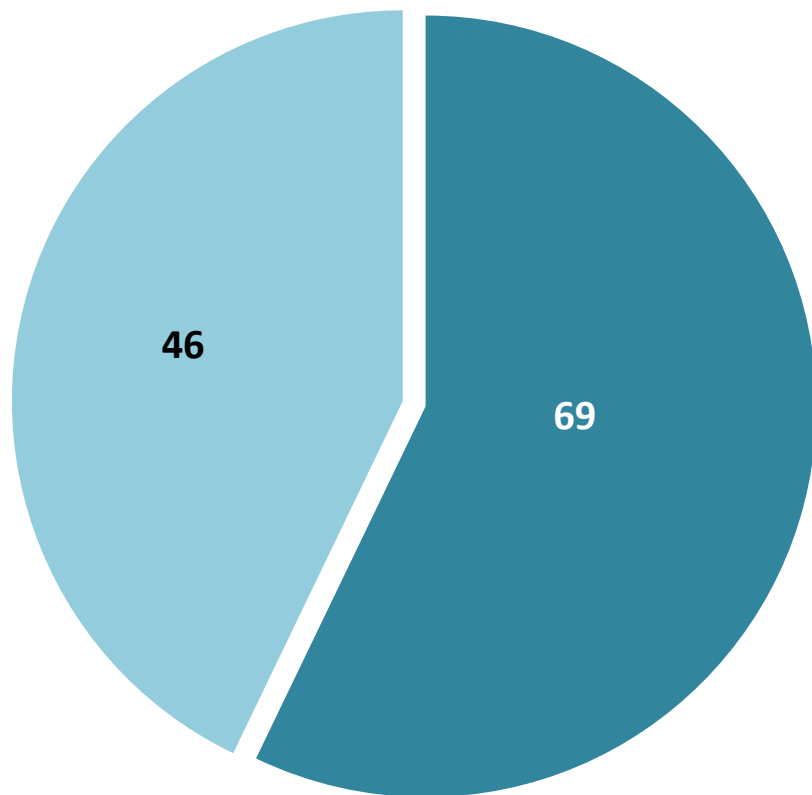
Among 115 patients, a diary study was conducted in which, for 5 consecutive days, from Monday to Friday, the subjects reported online their emotional state, levels of daily stress, and receiving and giving social support. The purpose was to determine the daily dynamics of well-being and factors on which it depends.



The analysis showed that there is a greater day-to-day variability in negative emotions than in positive ones. The reported stress level changed even more dynamically and mostly concerned issues other than those related to the current health condition.

Do day-by-day changes in well-being depend on social relations?

study in a group of 115 patients



■ in a permanent relationship

■ not declaring a permanent relationship

It turned out that **giving emotional support to a loved person** is more effective in reducing the negative effects of stress on a given day than receiving such support.

However, this effect depends on whether the person is currently in a close relationship – **in singles it took the opposite form**. Namely, if on a given day people who *were not* in a relationship gave or received *more* support than usual, they felt *worse* in the face of stress they experienced than when they gave or received *less* support than usual.

A close relationship is therefore a special resource in the face of everyday stress.



SUMMARY AND CONCLUSIONS

- The studied conducted within the project indicate that in the case of people following ART treatment the key factors determining their well-being are similar to those in healthy persons.
- Not the disease itself (HIV/AIDS) but social status (employment, education), living conditions (above all being in a close relationship and offering social support within this relationship), coping with stress and patient's personality are at present most strongly linked to psychological well-being of persons with HIV.
- However, women with HIV may be in a worse psychological situation owing to the fact that in our conditions they constitute a smaller group of people with HIV than men, which may be conducive to additional stigmatization.
- Chronic negative emotional state may be related to deterioration of the clinical condition evaluated in terms of the level of CD4 lymphocytes.