Feature

Social Support in Newly Diagnosed People living With HIV: Expectations and Satisfaction Along Time, Predictors, and Mental Health Correlates

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Social support usually decreases following HIV diagnosis, and decreased support is related to worsening mental health. We investigated the evolution of social support after HIV diagnosis and its relationship to anxiety, depression, and resilience, and sought to develop a social support prediction model. There were 119 newly diagnosed Spanish speakers who participated in this longitudinal study, completing measures of social support, internalized stigma, disclosure concerns, degree of disclosure, coping, anxiety, depression, and resilience. Bivariate associations and multiple regression analyses were performed. Results showed that the highest levels of support arose from friends, health care providers, and partners, and that social support decreased following diagnosis. Subsequent social support was negatively predicted by avoidance coping and positively by approach coping, steady partnership, and disclosure. It was significantly associated with decreased anxiety and depression and higher resilience. Interventions should seek to promote mental health in people living with HIV by increasing social support.

(Journal of the Association of Nurses in AIDS Care, ■, *1-13*) *Copyright © 2017 Association of Nurses in AIDS Care*

Key words: *anxiety, coping, depression, HIV, resilience, social support, stigma*

HIV diagnosis is a difficult experience that threatens physical and mental health, as well as social relationships (Cardona-Arias & Higuita-Gutiérrez, 2014). HIV-related stigma continues to negatively impact the health and well-being of people living with HIV (PLWH) and is known to lead to a lack of social support (Chambers et al., 2015; Su et al., 2013). Paradoxically, in times when social support is most needed, PLWH experience stigma and hostility instead (Feigin, Sapir, Patinkin, & Turner, 2013), so it comes as no surprise that anxiety and depression are highly prevalent in this population (Heywood & Lyons, 2016). A better understanding of how psychosocial variables affect social support is critical to develop future interventions to promote mental health in PLWH. We addressed this subject longitudinally by studying social support, its relationship to mental health, and its possible predictors in a sample of Spanish-speaking, newly diagnosed PLWH.

Social support is a resource that helps people face adverse situations. It refers to interpersonal interactions involving some kind of help (e.g., moral, financial, emotional, instrumental), which promotes health

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http://dx.doi.org/10.1016/j.jana.2017.06.007

and well-being (Palomar Lever, Matus García, & Victorio Estrada, 2013). Social support has been posited as an essential variable for quality of life among PLWH (Remor et al., 2012) and in psychopathology prevention, with a well-documented inverse relationship between social support and anxiety and depression in PLWH (e.g., Heywood & Lyons, 2016; Rao et al., 2012). Concerning Spanish speakers, these same results have been found in Spaniards and Chileans (Carrobles Isabel, Remor Bitencourt, & Rodríguez Alzamora, 2003; Cortes, Hunt, & McHale, 2014). Studies have also found a direct relationship to positive mental health outcomes such as resilience in PLWH. Resilience is defined as the outcome of successful adaptive functioning in the presence of adverse events (Zautra & Reich, 2012), in this case, HIV diagnosis. Research has found the linkage of this particular outcome to social support in PLWH (Kang & Suh, 2015; Yu et al., 2014).

Different sources of social support have been addressed in research. In general, the literature has agreed on the relevance of support arising from relationship partners, friends, and family (Gohain & Halliday, 2014; Heywood & Lyons, 2016). However, it may also be important to consider an expanded social support network including both informal (e.g., partner, friends) and formal roles (e.g., co-workers, health care providers; Jang & Bakken, 2017; Pichon, Rossi, Ogg, Krull, & Griffin, 2015), but limited research has been conducted concerning the latter. Among Spanish-speaking PLWH, one study found that social support from health care providers was related to decreased anxiety and depressive symptoms (Carrobles Isabel et al., 2003).

A number of variables have been associated with differences in social support. Among demographic variables, having a steady partner (i.e., being married or living with a partner) has been consistently associated with higher levels of social support (Burnham et al., 2016; Rao et al., 2012). No differences were found in a study of Spanish-speaking participants regarding gender or age, although those with secondary education reported greater levels of support in comparison to those with primary education or no formal education (Remor, 2002). Finally, perceived support from health care providers has been found to be higher for Spanish participants than for Peruvians (Carrobles Isabel et al., 2003).

Concerning psychosocial variables, the literature has often mentioned coping as a key factor (Gohain & Halliday, 2014; Rueda et al., 2016). Coping has been defined as the cognitive or behavioral response to an event appraised as stressful (Moskowitz, Hult, Bussolari, & Acree, 2009). In the HIV literature, coping responses (e.g., help seeking, isolation, positive thinking) have been organized within an approach and avoidance distinction, a higher-order classification characterized by engagement with or disengagement from the stressor (Moskowitz et al., 2009). Approach coping includes coping strategies such as help seeking, while avoidant coping includes strategies such as self-isolation. Studies have investigated social support and coping as predictors of depression in PLWH, usually neglecting the relationships between these variables (e.g., Yeji et al., 2014). Based on the relationship with each other and with mental health variables, it could be expected that higher social support would be related to higher approach coping (Kang & Suh, 2015; Yu et al., 2014) and lower avoidance coping (Yeji et al., 2014).

HIV stigma is also closely related to social support, with a negative association existing between the two (Heywood & Lyons, 2016; Rao et al., 2012; Rueda et al., 2016). Several stigma-related concepts are relevant to social support. First, internalized HIV stigma (the devaluation of the self, based on one's seropositivity) is negatively related to social support (Burnham et al., 2016; Paudel & Baral, 2015). Second, HIV social stigma makes PLWH worry about other people finding out about their positive diagnosis and the possible consequences (i.e., disclosure concerns), which is associated with lower social support (Paudel & Baral, 2015). Third, PLWH tend to avoid disclosure to protect themselves and their existing relationships, a behavior that actually prevents them from accessing such social support, and is, therefore, related to lower levels of social support (Feigin et al., 2013; Heywood & Lyons, 2016; Pichon et al., 2015).

Our purpose was to study the evolution of social support arising from several sources (i.e., partners, family, friends, co-workers, and health care providers) and its possible predictors and mental health correlates in a sample of newly diagnosed,