

Original Article

A Cross-Sectional Relationship Between Social Capital, Self-Compassion, and Perceived HIV Symptoms

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Abstract

Context. Individual resources of social capital and self-compassion are associated with health behaviors and perceived symptoms, suggesting that both are positive resources that can be modified to improve a person's symptom experience.

Objectives. The aim was to examine the relationship between self-compassion and social capital and its impact on current HIV symptom experience in adult people living with HIV (PLWH). We further explored the impact of age on this relationship.

Methods. We conducted a cross-sectional analysis of 2182 PLWH at 20 sites in five countries. Social capital, self-compassion, and HIV symptom experience were evaluated using valid and reliable scales. To account for inflated significance associated with a large sample size, we took a random sample of 28% of subjects ($n = 615$) and conducted correlation analyses and zero-inflated Poisson regression, controlling for known medical and demographic variables impacting HIV symptom experience.

Results. Controlling for age, sex at birth, year of HIV diagnosis, comorbid health conditions, employment, and income, our model significantly predicted HIV symptom experience (overall model $z = 5.77$, $P < 0.001$). Employment status and social capital were consistent, negative, and significant predictors of HIV symptom experience. Self-compassion did not significantly predict HIV symptom experience. For those reporting symptoms, an increase in age was significantly associated with an increase in symptoms.

Conclusion. Employment and social capital modestly predicted current HIV symptom experience. Social capital can be incorporated into symptom management interventions, possibly as a way to reframe a person's symptom appraisal. This may

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be increasingly important as PLWH age. The relationship between employment status and HIV symptom experience was significant and should be explored further. *J Pain Symptom Manage* 2015;50:59–68. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Symptom, HIV, self-compassion, social capital

Introduction

Over the past two decades, HIV has transitioned from an acute to a chronic health condition. The symptom experiences for people living with HIV (PLWH) also have evolved from symptoms related to illness progression and toxic antiretroviral therapies (ART) to symptoms consistent with long-term adherence to better tolerated ARTs and age-related comorbidities.¹ Recently, investigators found that despite the remarkable advances in treatment, PLWH continue to experience prevalent and distressing symptoms, and that those symptoms have a significant impact on daily functioning across varied populations.^{2–6} Despite improvements in ART, symptoms such as depression and fatigue are a leading contributor to poor antiretroviral treatment adherence^{4,7} and poor quality of life,⁸ underscoring the significance of and need for effective and scalable symptom management strategies for PLWH.

Recent HIV symptom management strategies include clinician- and peer-delivered cognitive skill-building interventions,^{9,10} an HIV-specific symptom management manual,¹¹ a Web-based HIV symptom management information tool,¹² and mindfulness-based stress reduction interventions.^{13,14} The success of mindfulness-based interventions in PLWH suggests that symptom management strategies focusing on regulating emotional responses to symptoms are a promising approach. Strategies targeting self-compassion as a way to modulate emotional regulation may improve HIV symptom management.

Self-compassion involves feelings of “caring and kindness toward oneself in the face of personal suffering and involves the recognition that one’s suffering, failures, and inadequacies are part of the human condition.”^{15–17} PLWH often confront stigma and discrimination that may contribute to self-criticism, isolation, and avoidance of internally satisfying experiences.¹⁸ This can lead to overidentification with negative thoughts and feelings and may subsequently lead to an increased negative appraisal of symptom intensity. Accordingly, investigators have found negative associations between self-compassion and depressive symptoms,¹⁹ symptoms of schizophrenia,²⁰ and pain catastrophizing.²¹ However, the relationship between self-compassion and symptom intensity has not been explored among PLWH.

Social capital is the “aggregate of potential resources, which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition”^{22,23} and also may modulate self-regulation. Social capital represents the degree to which a person has access to high-quality social resources, including social support through social networks. Among PLWH, social capital has been shown to impact a number of health-related outcomes including decreases in HIV transmission,^{24–27} self-reported physical and psychological health,²⁸ behaviors including HIV self-management,²⁹ and HIV medication adherence.^{30–32} Available high-quality social resources have been shown to influence one’s regulation of emotions surrounding symptoms.³³ Two particular social resources, social support and social networks, have been found to be important in chronic disease symptom management.³⁴ Recently, Fierz et al.³⁴ reported on the importance of social resources and the individual interpretation in managing symptoms.³⁴ As a measure of available social resources, individual social capital may encapsulate many of the resources necessary for PLWH to adequately manage their daily symptoms. Furthermore, one’s perception of available social resources may influence his or her appraisal of symptoms, yet this relationship is unexplored.

As PLWH age, they may experience an increase in chronic comorbid health conditions and distressing symptoms; however, older PLWH are more socially connected than younger PLWH.³⁵ This increased social connectedness may allow older PLWH to better manage their daily symptoms. Furthermore, Brion et al.¹⁸ demonstrated that self-compassion may increase with the time a person is living with HIV, especially as they learn how to better accept their diagnosis and manage living with HIV. The effect of age, or time since HIV diagnosis, on a person’s HIV symptom experience may be associated with the individual’s perception of social capital and self-compassion, but this relationship has not been described.

The objective of the present study was to extend the previous literature by examining the relationship between self-compassion and social capital and its impact on the current HIV symptom experience in adult PLWH. With the rapid increase in older PLWH globally, we further explored the impact of age on this relationship hypothesizing that older PLWH would have

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