

Emotional Support, Active Coping, and ART Adherence in Young African American Men who have Sex With Men: A Pilot Mediation Model

Arryn A. Guy, MS*

Kristin Niel, PhD

Steve N. Du Bois, PhD

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Young African American men who have sex with men (MSM) are at higher risk for experiencing HIV-related trauma than nonminority heterosexual-identifying men of the same age group. Young African American MSM have been disproportionally affected by HIV; in 2014, young African American MSM ages 13 to 24 years accounted for 9.7% of all new HIV diagnoses in the United States (Centers for Disease Control and Prevention [CDC], 2017). Research suggests that being diagnosed with HIV can be experienced as a traumatic event, according to *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (DSM-5) criteria (i.e., experienced or threatened death; Nightingale, Sher, & Hansen, 2010). Indeed, people living with HIV (PLWH) experience trauma-related stress symptoms following the diagnosis (Tedstone & Tarrier, 2003), resulting in a significant number (approximately 30%) of PLWH meeting criteria for posttraumatic stress disorder (PTSD) in response to HIV diagnosis (Machtinger, Wilson, Haberer, & Weiss 2012; Martinez, Israelski, Walker, & Koopman, 2002). In fact, PLWH have reported higher posttraumatic stress reactions on the Impact of Events Scale (a questionnaire measuring how much a traumatic event has negatively affected an individual) than individuals coping with other health conditions (e.g., myocardial infarction, hemorrhage and stroke,

miscarriage, intensive care treatment; Kelly et al., 1998; Kimerling, Calhoun, Forehand & Armistead, 1999; Leserman, 2008). Several studies have examined the effects of PTSD symptoms on treatment adherence in PLWH and found that a majority of individuals who endorse these symptoms have poor or suboptimal adherence (Boarts, Sledjeski, Bogart, & Delahanty, 2006; Gonzalez, Batchelder, Psaros, & Safren, 2011; Safren, Gershuny, & Hendriksen, 2003; Sherr, Clucas, Harding, Sibley, & Catalan, 2011; Springer, Dushaj, & Azar, 2012; Vranceanu et al., 2008; Whetten, Reif, Whetten, & Murphy-McMillan, 2008). This suggests that an HIV diagnosis can have traumatic, stress-inducing effects, and that the populations most vulnerable to HIV (e.g., young African American MSM) may frequently experience HIV-related trauma and have poor or suboptimal adherence to ART.

Simultaneously, young African American MSM may experience other stressors (e.g., substance use, mental health concerns, victimization/abuse, stigma, and mistrust in the health care system) that can

*Arryn A. Guy, MS, is a Doctoral Candidate, Clinical Psychology, Lewis College of Human Sciences, Illinois Institute of Technology, Chicago, Illinois, USA. (*Correspondence to: arryn.guy@gmail.com). Kristin Niel, PhD, is a Pediatric Psychology Fellow, St. Jude Children's Research Hospital, Memphis, Tennessee, USA. Steve N. Du Bois, PhD, is an Assistant Professor of Psychology, Lewis College of Human Sciences, Illinois Institute of Technology, Chicago, Illinois, USA.*

diminish their ability to cope with a diagnosis of HIV (Quinn et al., 2016). This intersection of multiple health and psychosocial stressors can be referred to as a syndemic (i.e., two or more afflictions, interacting interdependently to contribute to an excess burden of disease; Stall et al., 2003). Related research shows that the co-occurrence of multiple psychosocial problems leads to being overwhelmed, resulting in a decrease in emotional support-seeking behaviors (Magnus et al., 2010). Thus, it is imperative that treatment interventions for PLWH target multiple, changeable factors to improve optimal engagement in health care (e.g., medication adherence) in the context of these barriers.

Emotional support seeking and active coping are contextual and changeable factors that can serve as intervention targets to improve treatment adherence. Emotional support involves providing warmth and nurturance to other persons and reassuring them that they are valuable persons for whom others care (Taylor & Broffman, 2011). Active coping is the process of taking steps to circumvent a stressor and/or to ameliorate its effects (Carver, Scheier, & Weintraub, 1989). Research has shown that emotional support buffers the effects of stressful life events for PLWH and is related to better treatment adherence (Ashton et al., 2005). More recent research has suggested that active coping explains more variance in treatment adherence in PLWH than other contextual factors, such as availability of social support (Moskowitz, Hult, Bussolari, & Acree, 2009).

Thoits' (1986) theory of social support states that a perception that emotional support is available directly benefits mental and physical health and buffers people against psychological distress and

poor health during threatening or stressful times. Therefore, emotional support may be better defined as coping assistance. We predict that emotional support can improve treatment adherence in young African American MSM by (a) attenuating the appraisal of the stressful encounter (e.g., managing a demanding medication regimen) and bolstering reappraisal of the event as less demanding, (b) changing the meaning of the situation, (c) changing the emotional reaction to the situation, and (d) encouraging action to be taken to ameliorate the effects of the situation. Therefore, emotional support may effectively increase active coping.

We aimed to assess the association between treatment adherence, emotional support seeking, and active coping used by young African American MSM living with HIV. Consistent with Thoits' theory of emotional support as coping assistance, we examined the extent to which active coping mediated the relation between emotional support seeking and treatment adherence. The model is presented in Figure 1.

Methods

Participants

Data for this study were collected during a larger study examining posttraumatic growth in adolescents and young adults diagnosed with HIV in the adolescent clinic at an urban HIV and infectious disease center in a large Midwestern city (Niel, 2016). Current and eligible patients receiving care were referred to our study by one of the patient's providers. Patients were eligible to participate if they were (a) 13 to

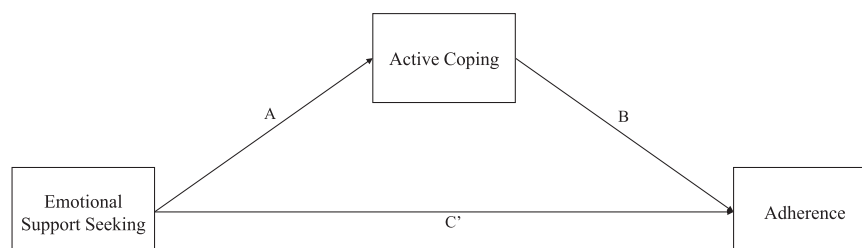


Figure 1. Hypothesized relationship between emotional support seeking and treatment adherence as mediated by active coping.
Note. A = active coping regressed onto emotional support seeking; B = adherence regressed onto active coping and emotional support seeking; C' = direct effect of emotional support seeking on adherence while adjusting for active coping.

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