



# Denial, Daily Hassles and Distress in HIV Positive Individuals

Brooke Gomez, Thomas DeSena M.A., James Miller M.A., Kyle Deaton B.A., & John Ridings B.A., Mark Vosvick PhD.

The University of North Texas

## Introduction

• Individuals with HIV may use denial to cope with their daily hassles which in turn may increase their distress over having HIV.

• Health Distress is associated with lower Quality of Life, higher anxiety, depression and general emotional distress in people living with HIV/AIDS (Rotheram-Borus, 2000).

• Denial is a significant predictor of lowering treatment initiation and retention in mental health care (Ortega, Alegria, 2005). Denial can also hinder a clinician/client relationship, making it difficult to assess patients mental health through self-report (Shelder, Mayman, Manis, 1993).

• Daily Hassles can be more influential than a major life event as they occur more frequently (Miezo, 2004). In the HIV+ population, it is predicted that the intensity of these hassles will predict lowered quality of life.

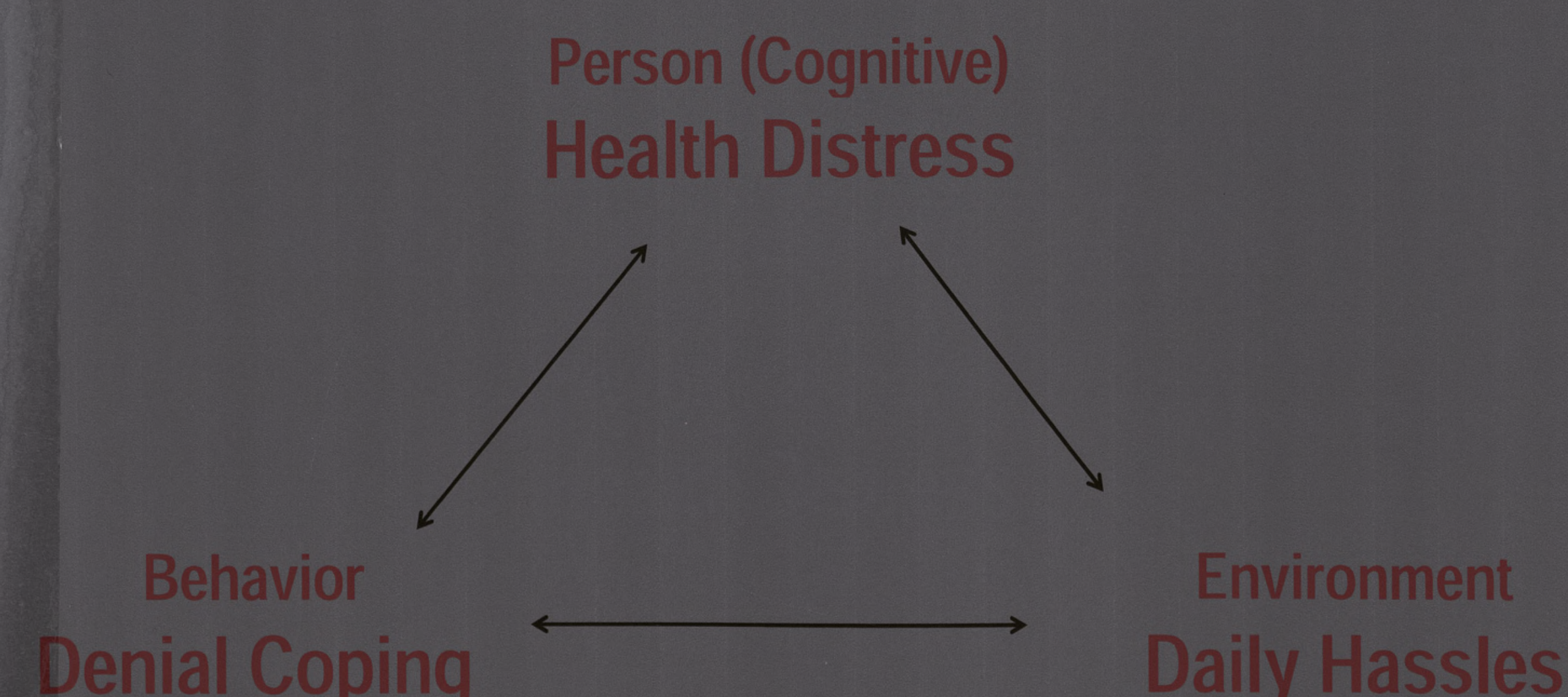
• Albert Bandura's Social Cognitive Theory (1997) can serve as a model for these variables, displaying a triadic reciprocal relationship between a person's cognition, behavior and environment. With health distress representing a person's cognition, denial the behavior and daily hassles the environment, we can begin to understand the relationship between these variables more clearly.

## Hypotheses

1. A negative association between Daily Hassles and Health Distress exists.
2. A negative association between Denial and Health Distress exists.
3. Daily Hassles and Denial explain a significant portion of variance in Health Distress.

## Theoretical Model

Social Cognitive Theory (Bandura, 1997)



## Methods

### Procedures

- IRB approval and participant informed consent obtained
- Participants recruited from the Dallas/Fort Worth metroplex
- Participants received \$15 compensation
- Participants were 18 years or over, HIV+ and English speaking

### Measures

#### Daily Hassles Scale

(Kanner, et al., 1980)  
Intensity subscale

- 3 point likert-type scale
- Anchors 1 (somewhat extreme) to 3 (extremely extreme)
- Higher scores denote a higher intensity of daily hassles
- Example of item: "Problems with your children"

#### Brief Cope Scale

(Carver, 1997)

Denial subscale  $\alpha = .54$

- 3 point likert-type scale
- Anchors 0 (I haven't been doing this at all) and 3 (I've been doing this a lot)
- Higher scores indicate higher use of denial coping
- Example of item: "I've been saying to myself 'this isn't real'"

#### MOS-HIV Scale

(Wu et al., 1991)

Health Distress Subscale  $\alpha = .91$

- 6 point likert-type scale
- Anchors 1 (all the time) and 6 (none of the time), with higher scores denoting less health distress
- Construct validity (Wu et al., 1991)
- Example of item: "How often in the last four weeks were you discouraged by your health problems?"

## Results

### Participants

N=221

Variable	n	%	M (SD)	Range
Female	111	50.2%		
African American	116	52.5%		
European American	36	16.3%		
Latino	66	29.9%		
Other	3	1.4%		
Age			41.6 (8.5)	19-68
Education (years)			12.1 (2.5)	1-19
< \$10,000	152	68.8%		

### Univariate Statistics

	Mean(SD)	Possible Range	Actual Range	Calculated $\alpha$
Daily Hassles	1.8 (.52)	1-3	1-3	.97
Denial	3.7 (1.90)	2-8	2-8	.76
Health Distress	51.7 (24.61)	0-100	0-83.3	.94

### Bivariate Statistics

$p < .05^*$ ,  $p < .01^{**}$

	1.	2.	3.	4.	5.	6.	7.
1. Age	-						
2. Education	.08	-					
3. Female	.12*	.04	-				
4. African American	.13*	.07	-.03	-			
5. < \$10,000	-.02	-.09	-.16**	.08	-		
6. Daily Hassles	-.04	.01	-.08	.10	.01	-	
7. Denial	.01	-.07	-.01	.07	.05	.32**	-
8. Health Distress	.13	-.03	.02	.06	.06	-.03	.01

### Hierarchical Regression Analysis

Health Distress is our outcome variable

IV	$\beta$	t	p	Tol	VIF
Daily Hassles	.39	-6.18	<.001	.90	1.1
Denial	.44	-7.18	<.001	.90	1.1
African American	-.20	-2.17	<.05	.98	1.0

$F(7,213) = 27.96$ , adj.  $R^2 = .25$ ,  $p < .001$

## Conclusions

### Discussion

• Findings support our hypothesis that denying HIV/AIDS diagnosis along with experiencing daily hassles lowers QOL.

• Our findings also suggest that denying these daily hassles will predict less quality of life.

• In addition to our hypothesized variables, being of African American ethnicity also serves as a predictor of health distress.

• Denying HIV status creates a barrier for treatment. Patients may avoid health care or deny taking medication (Luseno, Wechsberg, Kline, Ellerson, 2010).

• Quality of life can be increased by using an alternative coping strategy such as acceptance (Gray & Hedge, 1999).

### Clinical Implications

• Cognitive-behavioral therapy can be used to find more constructive forms of coping.

• Clinicians can focus on finding the daily hassles in a client's life and finding a more effective way of handling the stress that comes with these hassles.

• Since African American ethnicity is a significant indicator of variance in health distress, giving greater attention to this community would serve to be beneficial.

### Limitations

• Self report bias

• Limited generalizability due to sample

• Causation cannot be inferred

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