Anger Within an HIV+ Population in Relation to Stigma & Anxiety

Mark Pierson

Eliot J. Lopez, M.S.

Mark Vosvick, Ph.D.
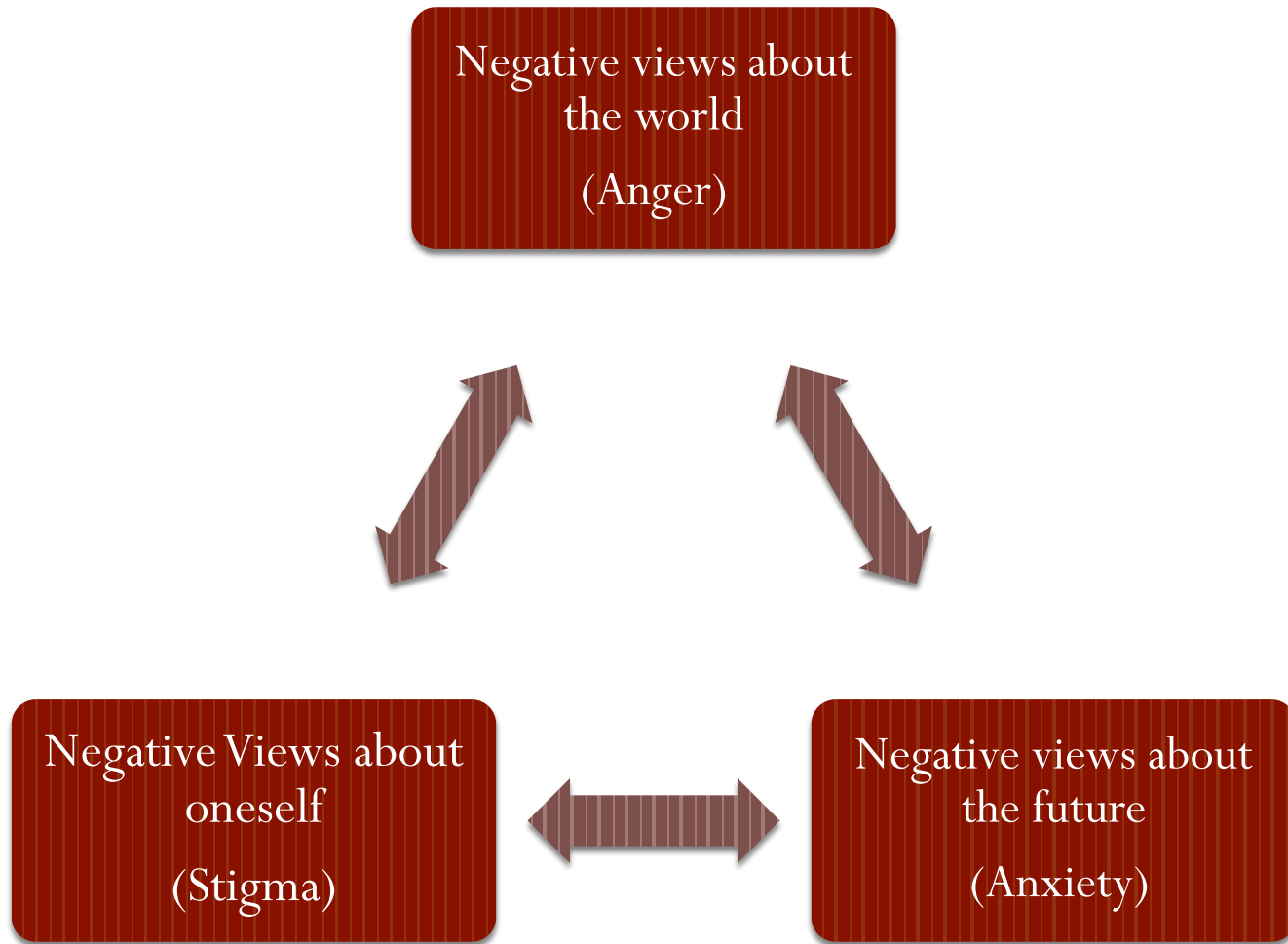
Department of Psychology

UNT McNair Program

UNIVERSITY OF NORTH TEXAS

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Why Anger?

- HIV+ individuals' immune functioning is negatively associated with stress-related anger (Gill, 2001).

- Both anxiety and anger are associated with self-labeling (Vie, Glaso & Einarsen, 2010); a behavior indicative of HIV-related stigma.

- HIV-related stigma, conversely, is related to high levels of anxiety and psychological distress (Wagner et al., 2010).

Theory: Beck's Cognitive Triad (1976)

Negative views about the world

(Anger)

Negative Views about oneself

(Stigma)

Negative views about the future

(Anxiety)

Hypotheses

- 1. Stigma is positively associated with anger.

- 2. Anxiety is positively associated with anger.

- 3. Stigma and anxiety explain a significant proportion of variance in anger.

Participants

- Participants with HIV were recruited from the Dallas /Fort Worth area.
  - 18 years or older
  - Fluent in English
- Participants signed informed consent forms for our Institutional Review Board (IRB) approved study.
- We used computer-based questionnaires.
- Participants were provided an incentive of $25 upon completion of the questionnaire.

Demographics	n=118
Gender:	
Female	58 (48.2%)
Male	60 (50.8%)
Ethnicity:	
African American	81 (68.6%)
European American	29 (24.6%)
Latino	4 (3.4%)
Other	4 (1.6%)
Sexual Orientation:	
Heterosexual	59 (50%)
Gay	38 (32.2%)
Bisexual	20 (17.8%)
Asexual	1 (.008%)

	Mean	Standard deviation	Range
Age (Years)	47	8.9	23-66
Years of education	12	2.6	3-18

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Methodology

- Cross-sectional correlational design
- Hierarchical Linear Regression analysis

Dependent variable: Anger Expressed Inward

Independent variables: Negative Self Image

& Trait Anxiety

Measure: Anger

Anger: State- Trait Anger Expression Inventory (STAXI)

-Cronbach's α= .72-.89 (Buss & Perry, 1992; Harris, 1997)

-Convergent validity: (MMPI: Overt Hostility Scale)

-57 Likert-type items 1(stongly disagree) - 4(stongly agree)

-Higher scores denote more anger

"When I get frustrated, I feel like hitting someone"

Measure: Stigma

Stigma: HIV-related Stigma Scale (HSS)

    -Cronbach's α=.96 (Berger, Ferrans, & Lashley, 2001)

    -Construct validity with related variables (i.e. social conflict)

    -40 Likert-type items: 1(stongly disagree) - 4(stongly agree)

    -Higher scores denote more HIV-related Stigma

"I feel I am not as good a person as others because I have HIV"

Measure: Anxiety

Anxiety: State-Trait Anxiety Inventory (STAI)

-Cronbach's α= .89-.94 (Spielberger et al., 1983)

-Convergent validity : Taylor manifest anxiety scale (r= .80)

-40 Likert-type items: 1(stongly disagree) - 4(stongly agree)

-Higher scores denote more (state/trait) Anxiety

"I feel that difficulties are piling up so that I cannot overcome them"

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Data Analysis

Univariate	M (SD)	Possible range	Actual range	α
Anger expressed in	16.1 (4)	0-30	9-30	.86
Negative self image (Stigma)	25.2 (6)	13-52	13-47	.82
Trait Anxiety	24.1 (7)	0-40	9-36	.84

Bivariate	1.	2.	3.	4.	5.
1. Age	1	-	-	-	-
2. Years of education	.18*	1	-	-	-
3. Anger express in	-.15	-.08	1	-	-
4. Negative self image	-.07	-.04	.42**	1	-
5. Trait Anxiety	-.01	-.05	-.35**	-.45**	1

Note:*p<.05 **p<.01

Data Analysis

- Dependent Variable: Anger Expressed Inward.
- Variables were entered simultaneously.
- No variables controlled for.

Multivariate	β	t	Tolerance	VIF
Negative Self Image	.31	3.33***	.79	1.27
Trait anxiety	.21	-2.30*	.79	1.27

Note: *p<.05 **p<.01 ***p<.001
(Adj. R^2=.20, $F(2,115)$= 8.26, p<.001)

Discussion

- 1. Stigma is positively associated with anger: Supported
- 2. Anxiety is positively associated with anger: Not Supported
- 3. Stigma and anxiety explain a significant proportion of variance in anger: Supported

- Conclusion: Our goal to elucidate the relationship between Stigma & Anxiety on Anger has been completed; however, trait anxiety was negatively associated with expressed anger.

Discussion

Clinical Implications: Results from our study support interventions aimed at reducing HIV-related stigma in hopes of promoting healthy immune functioning (Gill, 2001) by reducing stress-related anger.

Through such self image interventions, therapy could promote psychological health (Wager et al, 2010) and perhaps reduce HIV-related stigma.

By working with clients on anger and anxiety, self labeling can be affected (Vie, Glaso & Einarsen, 2010), hopefully minimizing negative self image.

Discussion continued...

Limitations: Our cross-sectional correlation design inhibited our ability to infer causal relationships.

Self-report style scales used are vulnerable to participants giving socially desirable answers restricting validity.

Lastly, convenience sampling techniques limit our ability to generalize our findings.

Future research: Anger, Stigma, and Anxiety measures could be given to participants before and after a therapy intervention in aims of predicting and reducing anger.

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Questions?

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