

Background

There is relatively little research examining the interrelationships between cognitive fusion and self-compassion with conceptually related psychological factors such as rumination, grit, and internalizing symptoms. Given that people living with HIV (PLWH) are at risk for internalizing symptoms¹², it is important to have a better understanding of the nature of these constructs among PLWH. The purpose of this study is to examine the extent to which cognitive fusion is associated with self-compassion, and how these two factors relate to depressive and anxiety symptoms among PLWH presenting at an outpatient behavioral health clinic.

Specifically, we hypothesize that cognitive fusion is associated with higher levels of rumination, depressive symptoms, and anxiety symptoms, and with lower levels of self-compassion and grit. In doing so, we hope to highlight how these constructs, if related to depressive and anxiety symptoms, can be addressed through Acceptance and Commitment Therapy (ACT) among PLWH.

Methods

Participants (n=98), who were previously diagnosed with HIV/AIDS, presented for psychotherapy at Drexel University’s Center City Clinic for Behavioral Medicine after scoring 13 or above on the Beck Depression Inventory-II (BDI-II; Beck et al., 1996). Men composed 54.5% of the sample, which had a mean age of 43.0 (SD=11.2; range: 22.7 to 65.2). Participants reported their sexual orientation as follows: 65% heterosexual, 30% homosexual, and 5% as bisexual or other.

Measures

Construct	Measure	Scale Information
Self-Compassion	Self-Compassion Scale Short Form (SCS)	12 self-report items; responses range from 1 (almost never) to 5 (almost always); scores range from 12-60 with higher scores indicating higher self-compassion
Cognitive Fusion	Cognitive Fusion Questionnaire (CFQ-13)	13 self-report items; responses range from 0 (not at all) to 4 (almost always); scores range from 0-90 with higher scores indicating higher cognitive fusion
General Shame	Internalized Shame Scale (ISS)	24 self-report items; responses range from 0 (never) to 4 (almost always); scores range from 0-120 with higher scores indicating more shame
HIV Shame	HIV and Abuse Related Shame Inventory (HARSI)	24 self-report items; responses range from 0 (not at all) to 4 (very much); scores range from 0-96 with higher scores indicating more shame
Rumination	Short Ruminative Response Scale (RRS)	22 self-report items; responses range from 1 (almost never) to 4 (almost always); scores range from 10-40 with higher scores indicating more rumination
Grit	Short Grit Scale	8 self-report items; responses range from 1 (very much like me) to 5 (not like me at all); scores range from 8-40 with higher scores indicating higher levels of grit
Depressive Symptoms	Beck Depression Inventory II (BDI-II)	21 self-report items; responses range from 0-3; scores range from 0-63 with higher scores indicating greater depressive symptoms
Anxiety Symptoms	Beck Anxiety Inventory (BAI)	21 self-report items; responses range from 0 (not at all) to 3 (severely); scores range from 0-63 with higher scores indicating greater anxiety symptoms

Results

Table 1. Descriptive statistics and correlations among variables

Measure	Mean (SD)	Self-Compassion	Cognitive Fusion	General Shame	HIV Shame	Rumination	Grit	Depressive Symptoms	Anxiety Symptoms	Age
Self-Compassion	32.09 (7.03)	--								
Cognitive Fusion	59.41 (11.55)	-.610**	--							
General Shame	49.77 (23.49)	-.441**	.638**	--						
HIV Shame	44.10 (22.98)	-.318**	.265*	-.486**	--					
Rumination	26.55 (6.71)	-.369**	.516**	.572**	.166	--				
Grit	23.64 (5.63)	.299**	-.268*	-.325**	-.327**	-.166	--			
Depressive Symptoms	30.32 (12.74)	-.402**	.560**	.597**	.241**	.484**	-.238*	--		
Anxiety Symptoms	21.73 (14.54)	-.394**	.476**	.491**	.195	.451**	-.122	.558**	--	
Age	43.07 (11.34)	.283*	-.349**	-.286*	-.252*	-.388**	.144	-.123	-.154	--

Conclusions

- **General shame and HIV-related shame** were both associated with **less self-compassion and grit, and with greater cognitive fusion**, risk factors for depressive and anxiety symptoms.
- General but not HIV-related shame was also associated with **greater rumination**. The association between both shame and self-compassion with internalizing symptoms raises the possibility that PLWH may develop more severe levels of internalizing symptoms through their experiencing shame and a lack of self-compassion.
- The relationship between **shame and cognitive fusion** also suggests that PLWH who experience higher levels of shame are less likely to be psychologically flexible. A defining characteristic of **ACT is its focus on encouraging one to accept the presence of negative emotions**, and “defuse” from one’s negative cognitions by loosening strong attachments to or overidentification with one’s thoughts.
- **Grit** has not yet been examined as a risk factor or correlate for depressive and anxiety symptoms. This finding extends our knowledge and understanding of grit.
- The **moderately high correlations between shame, self-compassion, and rumination**, as well as their association with internalizing symptoms, raises the possibility that **ACT** may decrease these symptoms among PLWH by decreasing rumination and negative emotions such as shame and, subsequently, increasing self-compassion.

Future Directions

- **Longitudinal research** with non-clinical samples is needed to document that high levels of shame, cognitive fusion, and rumination, and low levels of self-compassion each *precede the development of internalizing symptoms among PLWH*.

References

¹Chaudhury, S., Bakhla, A., & Saini, R. (2016). Prevalence, impact, and management of depression and anxiety in patients with HIV: A review. *Neurobehavioral HIV Medicine*, 7, 15-30.

²Nanni, M. G., Caruso, R., Mitchell, A. J., Meggiolaro, E., & Grassi, L. (2015). Depression in HIV infected patients: a review. *Current psychiatry reports*, 17(1), 530.

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