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**WHEN SHAME-PRONENESS HINDERS HIV DISCLOSURE:  
NEW EVIDENCE-BASED PRACTICE APPROACHES TO A  
CHRONIC AND ENDURING PROBLEM**

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**Statement of the Research Problem**

AIDS Human Immunodeficiency Virus (HIV), the systemic infection that causes Acquired Immune Deficiency Syndrome (AIDS), has had a profound negative effect in the African American community. AIDS incidence far exceeds those of other groups (Centers for Disease Control and Prevention, 2006). Research on gay and bisexual men, men in general, and all women have shown that non-disclosure of HIV seropositivity disclosure to primary and/or non-exclusive sexual intimate partners (ISPs) is a common occurrence (Ciccarone, Kanouse, Collins, Miu, Chen, Morton, et al. 2003).

The goal of this research was to examine the subject of HIV disclosure to an ISP by HIV+ African American women. The specific aim of the research tested the efficacy of a

model of non-disclosure of HIV-seropositivity to an ISP by African American women, by examining the relationships between adult romantic attachment style and HIV disclosure to an ISP, when mediated by perceived HIV stigma, shame-proneness, and psychological functioning. It was hypothesized that those HIV+ African American women who had a secure romantic attachment style would be more likely to disclose their HIV-seropositive status to an ISP than those who had a preoccupied, dismissing-avoidant, or fearful-avoidant romantic attachment style. It was further hypothesized that perceived HIV stigma, shame-proneness, psychological functioning, living arrangement and relationship status mediated the relationship between adult romantic attachment style and disclosure of HIV-seropositivity to an ISP.

### **Research Background and Hypotheses**

Although perceived HIV stigma poses a significant problem for all seropositive people (Reif, Mallison, Pawlowski, Dolan & Dekker, 2005), African American women experience perceived HIV stigma through the triple lens of race, class and gender, such that it is layered with, and complicated by, the route of transmission (i.e. injecting drug use, sex work, and high numbers of heterosexual exposure), and personal characteristics, such as race, gender, class and ethnicity (Crouse-Quinn, 1993; Reidpath & Chan, 2005). Researchers discuss shame, shame-proneness and disclosure in the context of perceived HIV stigma, positing that decreased levels of psychological functioning, caused by shame-proneness, inhibit disclosure to a sexual intimate partner (Pettrak, Doyle, Smith, Skinner & Hedge, 2001). Bova and Durante (2003) report that the majority of HIV-infected women continue to be sexually active after testing HIV-positive. Of these women, many do not disclose their HIV-positive serostatus to ISPs (Pettrak et al. 2001). They not only place ISPs at risk for HIV infection (Greene & Faulkner, 2002; Simone &

Fulero, 2001), but also place themselves at risk for superinfection of HIV (Blackard, Cohen & Mayer, 2002).

Although research has yet to link adult romantic attachment to HIV disclosure, it has been shown to moderate the association between relationship adjustment and depressive symptoms (Scott & Cordova, 2002). It has also been shown to have a relationship with depressive symptomatology (Bifulco, Moran, Ball & Bernazzani, 2002; Shilkret, 2005; Simonelli, Ray & Pincus, 2004), shame (Cheung, Gilbert & Irons, 2004; Wei, Shaffer, Young & Zakalik, 2005), and rejection sensitivity (Downey & Feldman, 1996) in intimate relationships.

Prior to the advent of highly active antiretroviral therapy (HAART), social workers worked with female clients for permanency planning for children and end of life issues for the most part (Bogart, Catz, Kelly, Grey-Bernhardt, Hartman, Otto-Salaj et al. 2000). HAART therapy has since greatly slowed progression of HIV disease, and has allowed many more individuals to remain healthy for a longer span of time (Bogart et al, 2000; Siegel & Schrimshaw, 2005). Even so, psychosocial issues and concerns have not, and will not, go away. Social workers are being called on to work with female clients on such issues as high risk pregnancy and HIV disclosure to ISPs. As the epidemic of now chronic HIV disease continues to spread among the population of African American women, social workers are likely to provide interventions to women who are at differing stages in the process of contemplating disclosure to ISPs. They should plan appropriate interventions to assist clients when considering a decision to disclose HIV-seropositivity (Gielen, McDonnell, Burke & O'Campo, 2000; Simoni, Demas, Mason, Drossman & Davis, 2000), but also consider the role that the client's romantic attachment style may

play in negotiating such an emotionally-laden discussion with an ISP. It is furthermore important that social workers assess the potential that perceived HIV stigma and shame may be contributing to whatever psychological distress that HIV-infected clients present.

Recognition of the links between perceived HIV-stigma, shame and psychological functioning will mandate that social workers avoid further “shaming” of clients by focusing on negative characterizations of the individual, such as maladaptive interpersonal and intrapersonal processes. The results of this research will therefore assist social workers in becoming more alert as to how race, gender, class and cultural factors, interacting with romantic attachment style, perceived stigma and shame-proneness, further layered upon the psychological and disease states of the individual all affect the disclosure process, and plan culturally sensitive psychosocial interventions that take shame into account (Petrak et al. 2001).

## **Methodology**

A cross-sectional survey design utilized standardized measures and scales to collect data on a sample of 118 HIV-seropositive African American women living in an urban area of Miami-Dade County, Florida, with a documented high prevalence of Human Immunodeficiency Virus (HIV). Face-to face-interviews were used to query the participants about adult romantic attachment, HIV disclosure, shame-proneness, perceived HIV stigma, psychological functioning, and basic demographic information. Univariate and multivariate analyses and regression models were then used to test the study hypotheses.

## **Results**

Results showed that HIV disclosure to an ISP is strongly predicted by adult romantic attachment style. The most significant finding was that, for the typical urban dwelling HIV+ African American women in this research study, adult romantic attachment style was inversely associated with the likelihood that she would disclose her seropositivity to an intimate and/or significant sexual partner (ISP). In addition, the results indicated that African American women who are securely attached are twice as likely to disclose HIV-seropositivity to an ISP as those who have a preoccupied attachment style. Also, those with a preoccupied style of attachment are twice as likely to disclose HIV-seropositivity as those with a dismissing-avoidant attachment style, who are then twice as likely to disclose as those with a fearful-avoidant attachment style.

This study also corroborated earlier research that showed strong relationships between perceived HIV stigma, shame-proneness, and psychological functioning. Findings suggest that 1) African American women experience HIV through the lenses of race, class, and gender; and 2) as a collective, the HIV+ African American women in this research study met clinical levels of psychological clinical distress and experienced moderate levels of shame-proneness and perceived HIV stigma.

### **Utility for Social Work Practice**

The results of this research suggest the dire need for raised awareness among social workers of the high prevalence of insecure adult romantic attachment styles among HIV+ African American women. This researcher agrees wholeheartedly with those who advocate that both adult romantic attachment style (Fraley, 2005) and shame-proneness (Harder, 1995) be included in the assessment and treatment plans of clients for culturally sensitive psychosocial interventions (Pettrak et al. 2001; Serovich, 2000). This kind of

culturally sensitive practice can be operationalized by the inclusion of protocols that assess for adult romantic attachment style and shame proneness.

Recognition of shame-proneness and/or insecure adult romantic attachment style is, however, not enough. HIV prevention and treatment programs that include the acknowledgement of adult romantic attachment style and the presence of shame proneness, and their contribution to seropositive disclosure to a significant other, need to be developed and made available to women who present to medical centers and social service agencies.

The findings of this study may have additional important implications for social work practice. With the advent of HAART therapy, social workers are providing counseling and therapy to women at differing stages of the disclosure process. Instead of uniformly encouraging all women to disclose their HIV seropositive status to an ISP, compassionate competent counselors and therapists who recognize insecure romantic attachment styles may then confidently be able to tailor interventions to address shame-proneness by utilizing shame reduction techniques. These techniques may include using well-tested cognitive-behavioral techniques and psycho educational interventions, but may also offer many new opportunities to develop other creative and culturally sensitive interventions that reduce shame. The strengths perspective (Saleebey, 2006) would work very well with HIV+ African American women who have preoccupied, dismissing-avoidant, or fearful-avoidant attachment styles. This approach could be used to enhance the functioning of a fragile insecurely attached client, before ever beginning to discuss the topic of her HIV seropositivity disclosure to an ISP.

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## Assessment Tools

### For assessment of HIV Stigma and Shame– and guilt-proneness

- **HIV Stigma**

Berger, B. E., Ferrans, C. E. & Lashley, F. R. (2001). Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in Nursing & Health*, 24(6), 518-529.

- **Shame and Guilt: Personal Feelings Questionnaire – 2 (PFQ-2)**

Harder, D. W. & Zalma, A. (1990). Two promising shame and guilt scales: A construct validity comparison. *Journal of Personality Assessment*, 55(3/4), 729-745.

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