



## **Mediating Roles of Affective Experience and Satisfaction with Life in the Relationship of Shame and Guilt to Post Traumatic Stress Symptoms among People Living with HIV**

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### **ABSTRACT**

People Living with HIV (PLHIV) often experience complex emotional burdens that contribute to psychological distress, yet limited studies have explored how emotional and cognitive factors influence trauma-related outcomes. The study investigated whether the affective experience and satisfaction with life served as mediators in the relationship of shame and guilt to Post Traumatic Stress Symptoms (PTSS) among PLHIV. The data were analyzed using Spearman's rho to identify significant relationships among the variables, and a parallel mediation analysis with 5,000 bootstrapping samples was conducted to evaluate mediating effects. Findings revealed that shame and guilt were significantly correlated with PTSS. It further revealed that affective experience acted as a mediator in the relationship of shame and guilt to PTSS. In contrast, satisfaction with life did not serve as a significant mediator. Overall, the findings emphasized the crucial role of emotional experiences in shaping trauma-related outcomes and underscored the importance of incorporating strategies that enhance emotional resilience into psychosocial and mental health interventions. The study provided important insights for enhancing HIV care frameworks and contributed to the advancement of culturally informed mental health policies and interventions to effectively support the well-being of PLHIV.

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## INTRODUCTION

The number of HIV cases in the Philippines continues to rise over time. According to the Department of Health (DOH) – Epidemiology Bureau report released in March 2023, a cumulative total of 114,008 confirmed HIV cases had been recorded in the HIV/AIDS and ART Registry of the Philippines (HARP) since the first documented case in 1984. Further, based on the World Health Organization (2025), the country is recognized as having the fastest-growing number of HIV cases in the Asia-Pacific region, marking a serious public health concern that cannot be ignored. On average, at least 57 Filipinos have found out they have HIV each day this year. This significant increase reflects a 550% rise in cases, from 4,400 reported in 2010 to about 29,600 new infections in 2024. Projections further indicate that by 2025, an estimated 252,800 Filipinos will be living with HIV, many of whom are young individuals aged 15 to 24 years. This alarming rise of HIV prevalence underscores not only the expanding health crisis but also highlights the profound psychosocial and emotional toll on PLHIV. Its impact extends beyond the physical health of those affected, profoundly affecting their mental and emotional well-being. The emotional weight of such diagnosis—marked by fear, shame, uncertainty, and social stigma—can be as heavy as the physical burden itself. Many struggle not only with access to treatment but also with the psychological challenges of living with a highly stigmatized condition. Thus, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) have expressed strong support for the Philippine government, civil society, and communities as they work urgently to stop the growing rise in cases of HIV. These organizations have also supported the DOH's initiative to recognize HIV as a high-priority public health concern.

Perhaps, the relationship of shame and guilt to PTSS among PLHIV remains relatively underexplored. However, existing studies indicate that these emotions may substantially influence mental health outcomes. Shame and guilt are complex emotional experiences that shape and affect the psychological and social experiences of PLHIV. Shame, specifically, has been linked to various mental health concerns among PLHIV, such as depression, anxiety, and PTSS (Nabunya & Namuwonge, 2023). While guilt, in the context of HIV, may be experienced by individuals who feel responsible for their infection or for transmitting the virus to others (Hutchinson & Dhairyawan, 2017). This guilt can intensify the psychological burden of PLHIV and may contribute to feelings of shame, reluctance to disclose one's status, isolation, and despair (Armoon et al., 2022).

In the Philippines, where stigma surrounding HIV is widespread, PLHIV encounter even greater challenges. Cultural norms, religious beliefs, and social expectations compound feelings of shame and guilt. These emotions worsen PTSS, making it difficult for PLHIV to lead fulfilling lives. Shame and guilt act as barriers, hindering PLHIV from seeking medical and social support, intensifying their emotional distress. PTSS among PLHIV include flashbacks, hypervigilance, emotional numbness, and avoidance of HIV related triggers. Shame and guilt may trigger these symptoms, severely impacting their ability to cope. Thus, these conditions are linked to reduced adherence to HIV treatment, heightened risk behaviors, and decreased engagement with HIV prevention efforts (Joint United Nations Programme on HIV/AIDS and the World Health Organization, 2022).

Understanding the experiences, challenges, situations and needs of PLHIV is essential in formulating effective interventions, policies, and support mechanisms tailored to this vulnerable population. The increasing prevalence and its implications necessitate a focused investigation into the lived experiences of PLHIV, their mental health status, social support systems, and accessibility to healthcare services. Recognizing the significance of affective experience and satisfaction with life is crucial, particularly in the context of the Philippines, where cultural norms and stigma combine to form a distinctive psychological landscape. Life satisfaction and affective experience play a pivotal role in assisting PLHIV in navigating the complex challenges they face. The cultivation of life satisfaction and affective experience serves as a powerful tool, empowering PLHIV to effectively confront their emotions. Culturally sensitive mental health interventions become instrumental in fostering emotional resilience among PLHIV, equipping them to cope with the emotional complexities of shame, guilt, and post-traumatic stress symptoms. This study is designed with cultural sensitivity, not only contributing to enhancing the lives of PLHIV but also playing a vital role in diminishing HIV-related stigma and fostering a more empathetic society. Furthermore, the study is consistent with the Philippines' commitment to the Sustainable Development Goals,

particularly those related to health, well-being, and the reduction of inequalities. It contributes to ongoing efforts to address the rising number of HIV cases by supporting initiatives focused on prevention, improved access to treatment, and the promotion of mental health and overall well-being—key factors in reducing premature mortality among affected populations. It empowers PLHIV and other people, increasing the likelihood of adherence to treatments, active engagement in preventive practices, and effective advocacy for their rights to advocate for inclusive policies and support systems. Moreover, it contributes to the field of psychology to bridge gaps between mental health and illness management, providing useful knowledge on how emotional experiences impact not just psychological but also health-related outcomes. It guides the integration of psychosocial support models and other therapeutic interventions into existing HIV psychosocial and therapeutic care programs, enhancing holistic treatment approaches in community mental health and HIV centers. Ultimately, these endeavors go beyond transforming the lives of PLHIV; they will contribute to the creation of a society characterized by compassion and understanding, particularly in the context of challenges associated with HIV.

### **OBJECTIVES OF THE STUDY**

While existing literature has examined how shame, guilt, and trauma symptoms affect the mental health of PLHIV, this study is significant because it addresses a research gap by integrating those variables into a comprehensive framework, especially within the Philippine context, where research on this topic remains untouched or underdeveloped. The present research aimed to examine whether affective experience and satisfaction with life serve as mediating variables in the relationship of shame and guilt to PTSS among PLHIV. Specifically, the study sought to address the following research questions:

1. Are shame and guilt statistically correlated with post-traumatic stress symptoms?
2. Do affective experience and satisfaction with life mediate the relationship of shame and guilt to post-traumatic stress symptoms?

By addressing these questions, the study aims to generate baseline evidence that may support the development of culturally appropriate and context-responsive intervention programs. Furthermore, the findings provide empirical insights that can help strengthen psychosocial support services, inform community-based mental health initiatives, and guide the refinement of existing HIV-related policies and practices toward improving the overall well-being of PLHIV.

### **MATERIALS AND METHODS**

The study utilized the descriptive correlational design along with mediation analysis to investigate the relationship of shame and guilt to post-traumatic stress symptoms, and the potential mediating influence of affective experience and satisfaction with life within the sample population of PLHIV. Further, the researcher utilized purposive sampling, a non-probability sampling technique, to identify and recruit participants who are living with HIV. This approach involves selecting individuals who meet specific criteria and possess characteristics that are directly relevant to the objectives of the study. Moreover, the researcher intentionally chose participants based on their unique qualities that align with the research focus. The participants for this study were recruited from two organizations: one from the healthcare facility treatment hub and the other from a support group that advocates for and provides services to PLHIV. Following the recommendations of Sim et al. (2022), a fifty (50) sample size was considered adequate for detecting either partial or full mediation effects using a multiple mediation model (Model 2), assuming a large effect size and the use of bootstrapping. A total of sixty-four (64) respondents, diagnosed with HIV, age 18 years old and above completed the survey questionnaires. The majority of them are males, 55 or 85.94%, while 9, or 14.06%, are females. Data collection in this study was facilitated through the utilization of standardized self-report questionnaires. It is imperative for the researcher to employ instruments that are both valid and reliable to ensure the accurate gathering of data. The questionnaires are permitted to be used provided that proper credit and citation are given to the respective authors.

The Guilt and Shame Experience Scale (GSES) has shown sound psychometric properties, including acceptable model fit in both exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), as well as high internal consistency (Cronbach's  $\alpha = 0.89$ ). The scale contains eight items and measures two related dimensions: experiences of shame and experiences of guilt (Malinakova et al., 2019).

Further, the Post-Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) is a self-report instrument used to evaluate the presence and severity of post-traumatic stress disorder (PTSD) symptoms based on the criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. The measure consists of 20 items intended for adult population who have experienced traumatic events. The PCL-5 is commonly utilized in both clinical and research contexts for screening possible PTSD cases, supporting provisional diagnosis, and monitoring treatment changes in symptoms over time (Weathers et al., 2013).

The Scale of Positive and Negative Experience (SPANE) is a self-report measure developed to evaluate individuals' positive and negative affective experiences. It consists of 12 items, with six items assessing positive experiences (SPANE-P) and six items measuring negative experiences (SPANE-N). An overall affect balance score, referred to as the SPANE-B, is computed by subtracting the negative score from the positive score. The instrument has been widely used across various populations and has demonstrated acceptable reliability and validity (Diener et al., 2009).

Finally, the Satisfaction with Life Scale (SWLS) is a widely utilized measure for assessing an individual's overall cognitive evaluation of life satisfaction. Rather than focusing on emotional states such as positive or negative affect, the SWLS examines a person's reflective judgment about life as a whole. The scale contains five items rated on a 7-point Likert format, with higher total scores indicating greater perceived life satisfaction. Because it emphasizes the cognitive aspect of well-being instead of emotional experiences, the instrument is suitable for use primarily in nonclinical populations. Previous psychometric studies have reported acceptable reliability and validity, with internal consistency coefficients ranging from .79 to .89 and strong test-retest reliability, with correlations of .84 and .80 over a one-month interval (Diener et al., 1985).

## **Data Analysis**

Quantitative data collected from the surveys were analyzed using appropriate statistical procedures with the assistance of Jamovi and SPSS software. Descriptive statistics, including weighted mean and frequency distribution, were used to describe the levels of shame, guilt, PTSS, affective experience, and satisfaction with life. The Spearman rank-order correlation coefficient (Spearman's  $\rho$ ) was used to examine the significant relationship of shame and guilt to PTSS. In addition, mediation analyses were performed to determine whether affective experience and satisfaction with life served as mediators in the relationships of shame and guilt to PTSS. To strengthen the analysis, bootstrapping with 5,000 samples was conducted to produce bias-corrected confidence intervals for the mediation effects, ensuring robust estimation of pathways.

## **Ethical Considerations**

Prior to data collection and participation, written permission was obtained from the concerned institutions and informed consent was also secured from all participants, clearly explaining the voluntary nature of their participation, confidentiality, and their right to withdraw without any consequences. The study protocol was reviewed and approved by the Polytechnic University of the Philippines Graduate School Research and Extension Office, with an ethics clearance certificate issued on April 22, 2024, ensuring compliance with ethical standards and participant protection. Data were collected using a survey questionnaire that incorporated validated scales measuring shame, guilt, PTSS, affective experience, and satisfaction with life. To accommodate participant preferences and ensure broader inclusion, the instrument was administered both in person and through secure online

platforms. All responses were treated with strict confidentiality and anonymity; each participant was assigned a unique identification code to safeguard their identity throughout the research process.

## RESULTS

### Descriptive Statistics

Outlined on this study the descriptive results. **Table 1** presented the levels of shame, guilt, PTSS, affective experience and satisfaction with life of the respondents.

The findings revealed that a majority of the PLHIV experienced moderate levels of both shame and guilt. In addition, there is a moderate level of affective experience with only a few reported a low level. Further, over half of the PLHIV were satisfied while there is a portion still experiences lower levels of life satisfaction, indicating that there are some areas where they very much would like some improvements.

Table 1. Levels of Shame, Guilt, PTSS, Affective Experience and Satisfaction with Life of PLHIV

Table 1: Levels of Shame, Guilt, PTSD, Affective Experience and Satisfaction with Life of PTSS										
Shame and Guilt										
Variable	High		Moderate		Low					
	F	%	f	%	f	%				
Shame	10	15.6	46	71.9	8	12.5				
Guilt	12	18.8	45	70.3	7	10.9				
Post Traumatic Stress Symptoms										
PTSS Dimension	Normal		Mild		Moderate		Severe		Extremely Severe	
	f	%	F	%	f	%	f	%	f	%
Re-experiencing	23	35.9	10	15.6	13	20.3	13	20.3	5	7.8
Avoidance	23	35.9	9	14.1	12	18.8	14	21.9	6	9.4
Negative alterations in cognition and mood	29	45.3	8	12.5	14	21.9	8	12.5	5	7.8
Hyper-arousal	24	37.5	7	10.9	19	29.7	8	12.5	6	9.4
Overall PTSS	23	35.9	10	15.6	17	26.6	11	17.2	3	4.7
Affective Experience										
Level			F		%					
High			12		18.8					
Moderate			46		71.9					
Low			6		9.4					
Satisfaction with Life										
Level			F		%					
Extremely dissatisfied			1		1.6					
Dissatisfied			5		7.8					
Slightly dissatisfied			9		14.1					
Neutral			3		4.7					
Slightly satisfied			13		20.3					
Satisfied			22		34.4					
Extremely satisfied			11		17.2					

Note: N=64



Before examining the relationship of shame and guilt to PTSS, a normality test using the Shapiro-Wilk technique was conducted to evaluate and assess the distribution of the data. As presented in the **Table 2**, shame was found to significantly deviate from a normal distribution ( $W = 0.956$ ,  $p = 0.024$ ), while both Guilt ( $W = 0.969$ ,  $p = 0.109$ ) and PTSS ( $W = 0.969$ ,  $p = 0.106$ ) were found to be normally distributed, as their p-values exceeded the .05 significance threshold. Since shame violates the assumption of normality, Spearman's rho was considered a suitable statistical method for examining the relationship involving shame, as it tends to perform better than Pearson's r when the data do not meet the assumption of normality (Bishara & Hittner, 2012).

Table 2. Normality Testing (Shapiro-Wilk)

Variables	Shapiro-Wilk	
	W	P
Shame	0.956	0.024
Guilt	0.969	0.109
PTSS	0.969	0.106

Note:  $N=64$

### Correlational Analysis

Based on the results, shame was positively correlated with PTSS, and guilt was also significantly correlated with PTSS. Their relationship is presented in **Table 3**.

Table 3. Correlational Analysis among the variables

	1	2	3
Shame	-	-	-
Guilt	0.641***	-	-
PTSS	0.535***	0.489***	-

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

### Parallel Mediation Analysis

A parallel mediation analysis was performed using a General Linear Model (GLM) to explore whether affective experience and satisfaction with life served as mediators in the relationship of shame and guilt with PTSS. Confidence intervals were estimated using 5,000 bootstrap samples to ensure robust parameter estimation.

As presented in **Table 4**, findings revealed that the total effect of shame on PTSS was significant ( $B=3.73$ ,  $SE = 0.62$ , 95% CI [2.07, 5.04],  $p<.001$ ). The results further revealed that satisfaction with life did not mediate between shame and PTSS ( $B=0.11$ ,  $SE=0.13$ , 95% CI [-0.14,0.56],  $p=0.41$ ). However, affective experience was found to mediate the relationship between shame and PTSS ( $B=0.69$ ,  $SE=0.33$ , 95% CI [0.07, 1.63],  $p<0.05$ ). This means that shame is both directly and indirectly related to PTSS through affective experience but not through satisfaction with life.

Table 4. Mediating Effects of Affective Experience and Satisfaction with Life in the relationship of Shame to Post-traumatic Stress Symptoms

				95% C.I. (a)		$\beta$	z	P
Type	Effect	Estimate	SE	Lower	Upper			
Indirect	Shame $\Rightarrow$ Satisfaction with Life $\Rightarrow$ PTSS	0.107	0.130	-.1394	0.555	0.0173	0.823	0.410
	Shame $\Rightarrow$ Affective Experience $\Rightarrow$ PTSS	0.688	0.328	0.0714	1.632	0.1113	2.098	0.036
Direct	Shame $\Rightarrow$ PTSS	2.939	0.615	1.2451	4.313	0.4759	4.780	<.001
Total	Shame $\Rightarrow$ PTSS	3.734	0.620	2.0697	5.041	0.6045	6.023	<.001

Note. Confidence intervals computed with the method: Bootstrap percentiles

*Note. Betas are completely standardized effect sizes*

**Table 5** revealed the mediating effects of affective experience and satisfaction with life in the relationship of guilt to PTSS. The results indicated that the total effect of guilt on PTSS was significant ( $B=4.04$ ,  $SE=0.67$ , 95% CI [2.52, 5.23],  $p < .001$ ). Further analysis revealed that affective experience significantly mediated the relationship between guilt and PTSS ( $B = 0.80$ ,  $SE = 0.36$ , 95% CI [0.10, 1.83],  $p < 0.05$ ). However, satisfaction with life did not significantly mediate the relationship ( $B=0.11$ ,  $SE=0.18$ , 95% CI [-0.32, 0.65],  $p=.546$ ). The results suggest that guilt is both directly and indirectly associated with PTSS through affective experience but not through satisfaction with life.

Table 5. Mediating Effect of Affective Experience and Satisfaction with Life in the Relationship of Guilt to Post-traumatic Stress Symptoms

Type	Effect	Estimate	SE	95% C.I. (a)		$\beta$	z	P
				Lower	Upper			
Indirect	Guilt $\Rightarrow$ Satisfaction with Life $\Rightarrow$ PTSS	0.107	0.177	-.323	0.650	0.0160	0.603	0.546
	Guilt $\Rightarrow$ Affective Experience $\Rightarrow$ PTSS	0.800	0.357	0.102	1.829	0.1199	2.241	0.025
Direct	Guilt $\Rightarrow$ PTSS	3.133	0.666	1.703	4.331	0.4694	4.706	<.001
Total	Guilt $\Rightarrow$ PTSS	4.039	0.669	2.521	5.233	0.6053	6.035	<.001

*Note. Confidence intervals computed with the method: Bootstrap percentiles*

*Note. Betas are completely standardized effect sizes*

## DISCUSSION

Findings indicated that the majority of PLHIV experienced moderate levels of shame, with 71.9% reporting moderate shame, 15.6% reporting high levels, and 12.5% reporting low levels. These results suggest that shame was a moderately prevalent emotional experience among PLHIV. Similarly, guilt was also found to be moderately experienced, with 70.3% of participants reporting moderate levels, 18.8% reporting high levels, and 10.9% reporting low levels. These findings are consistent with prior research by Egbe et al. (2020), which reported feelings of guilt and shame as common among PLHIV, often stemming from self-blame for infection. In the Philippine context, Canoy and Ofrenco (2017) highlighted that many PLHIV experience strong internalized stigma, often manifesting as guilt, self-loathing, suicidal ideation, and persistent fear or hesitation in accessing necessary healthcare services.

In addition, 26.6% of participants reported moderate levels, and 17.2% experienced severe symptoms of post-traumatic stress. Hyper-arousal (29.7%) emerged as the most prevalent symptom cluster, followed by negative alterations (21.9%), re-experiencing (20.3%), and avoidance (18.8%). These findings point to a substantial burden of trauma-related psychological distress among PLHIV. Prior studies support this pattern; it reported an elevated prevalence of PTSD in PLHIV (Ayano et al. 2020). Within the Philippines, young people living with HIV experience mental health concerns, such as anxiety, depression, and challenges in emotional regulation, with unmet needs for mental health support (Soliman et al., 2023).

In terms of affective experience, most respondents (71.9%) reported moderate levels, 18.8% reported high levels, and 9.4% reported low levels. This suggests that positive emotions slightly outweighed negative ones. However, as Siril et al. (2017) noted, PLHIV may experience distress, hopelessness, and depression, particularly during periods of isolation or illness, reflecting the variability of affective states. Similarly, Imani et al. (2021) emphasized that individuals newly diagnosed with HIV often experience emotional shock, discouragement, and avoidance behaviours, highlighting the challenges of adjustment.

Moreover, many of PLHIV reported moderate to high level of life satisfaction, with 34.4% satisfied, 20.3% slightly satisfied, and 17.2% extremely satisfied. Meanwhile, 14.1% were slightly dissatisfied, 7.7% dissatisfied, and 1.6% extremely dissatisfied. Many PLHIV maintain a generally positive outlook, however a notable proportion

continue to struggle. Yaqin and Pertiwi (2025) similarly reported that PLHIV commonly fall within the “slightly satisfied” to “very satisfied” range. It found that lower life satisfaction is significantly associated with reduced quality of life (Khademi et al., 2022), while positive correlations between life satisfaction, positive affect, and self-esteem, and negative correlations with negative affect (Datu, 2013).

Furthermore, the findings revealed significant positive relationships between shame and PTSS ( $\rho = .535$ ,  $p < .001$ ,  $df = 62$ ) and guilt and PTSS ( $\rho = .489$ ,  $p < .001$ ,  $df = 62$ ). This means that higher levels of shame and guilt are linked to trauma-related symptoms. Similarly to the study of Shi et al. (2021) that both shame and guilt were independently related to the severity of post-traumatic stress symptoms (PTSS). Also, Øktedalen et al. (2015) observed that higher baseline levels of shame and guilt were linked to greater PTSD symptom severity during the treatment. It further argued that shame, in particular, show a stronger association with PTSD severity compared with guilt (Saraiya and Lopez-Castro, 2016). However, there is study identified that guilt as a significant predictor of PTSD and related mental health outcomes (Davis et al., 2023).

Finally, parallel mediation analysis using a General Linear Model (GLM) framework with 5,000 bootstrap samples demonstrated that affective experience significantly mediated the relationship between shame and PTSS ( $B = 0.69$ ,  $SE = 0.33$ , 95% CI [0.07, 1.63],  $p < .05$ ), while satisfaction with life did not ( $B = 0.11$ ,  $SE = 0.13$ , 95% CI [-0.14, 0.56],  $p = .41$ ). Similarly, affective experience mediated the relationship between guilt and PTSS ( $B = 0.80$ ,  $SE = 0.36$ , 95% CI [0.10, 1.83],  $p < .05$ ), but satisfaction with life was not a significant mediator ( $B = 0.11$ ,  $SE = 0.18$ , 95% CI [-0.32, 0.65],  $p = .546$ ). These findings highlight the central role of affective experience in shaping how shame and guilt influence trauma symptoms, while satisfaction with life does not appear to significantly alter these pathways.

## **CONCLUSION AND RECOMMENDATION**

The findings indicated that most PLHIV experienced moderate levels of shame and guilt, with fewer reporting low or high levels, suggesting that these emotions are prevalent and have a strong impact on their emotional well-being. Further, the findings highlighted the considerable presence of trauma-related psychological difficulties among PLHIV with many participants reported moderate to severe levels of PTSS, with hyper-arousal identified as the most prevalent symptom cluster, followed by negative alterations, re-experiencing, and avoidance. Moreover, most respondents demonstrated a balanced pattern of affective experience, with positive emotions slightly outweighing negative ones. Similarly, many of participants reported moderate to high levels of life satisfaction, reflecting a generally optimistic outlook. Nonetheless, a smaller proportion expressed dissatisfaction, indicating that some PLHIV continued to struggle with areas of their lives where improvement was desired. The results further showed significant positive relationships between both shame and guilt with PTSS, underscoring that these emotional burdens are closely linked to trauma-related outcomes. Also, mediation analysis revealed that affective experience played a significant role in explaining these relationships, while satisfaction with life did not. Despite moderate affective experience and generally positive life satisfaction among participants, the findings suggest that emotional reactivity and the balance of positive and negative emotions are more critical in understanding trauma responses than overall cognitive judgments of life satisfaction.

In addition, these findings offered a deeper insight and understanding of the psychological experiences affecting PLHIV and emphasized the importance of addressing emotional processes, such as affective experience, in mental health interventions. Tailored psychological support that prioritized emotional regulation appeared to be more effective in reducing PTSS in this population than approaches focused solely on improving general life satisfaction. Therefore, interventions aimed at PLHIV should consider integrating emotional resilience strategies to mitigate the negative psychological impact of shame and guilt. Another valuable direction would be to examine and evaluate the effectiveness of existing HIV intervention programs currently implemented in treatment hubs or support centers, particularly those addressing the psychological well-being of PLHIV. The insights obtained from this study may then be integrated into current program frameworks or used to inform updates in clinical practice guidelines and mental health support strategies within HIV care settings.



Finally, this study also acknowledges several limitations. First, the use of correlational and mediation analyses restricts the ability to establish causal relationships. Longitudinal designs would be required to capture the evolving dynamics of these variables over time. Second, the sample size was limited, as PLHIV is a special group and hard-to-reach population. Thus, the findings may not adequately reflect the varied experiences of the broader PLHIV community. Finally, potential biases such as social desirability and subjective interpretation are considered when interpreting the results, as these may have influenced the consistency of responses.

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