



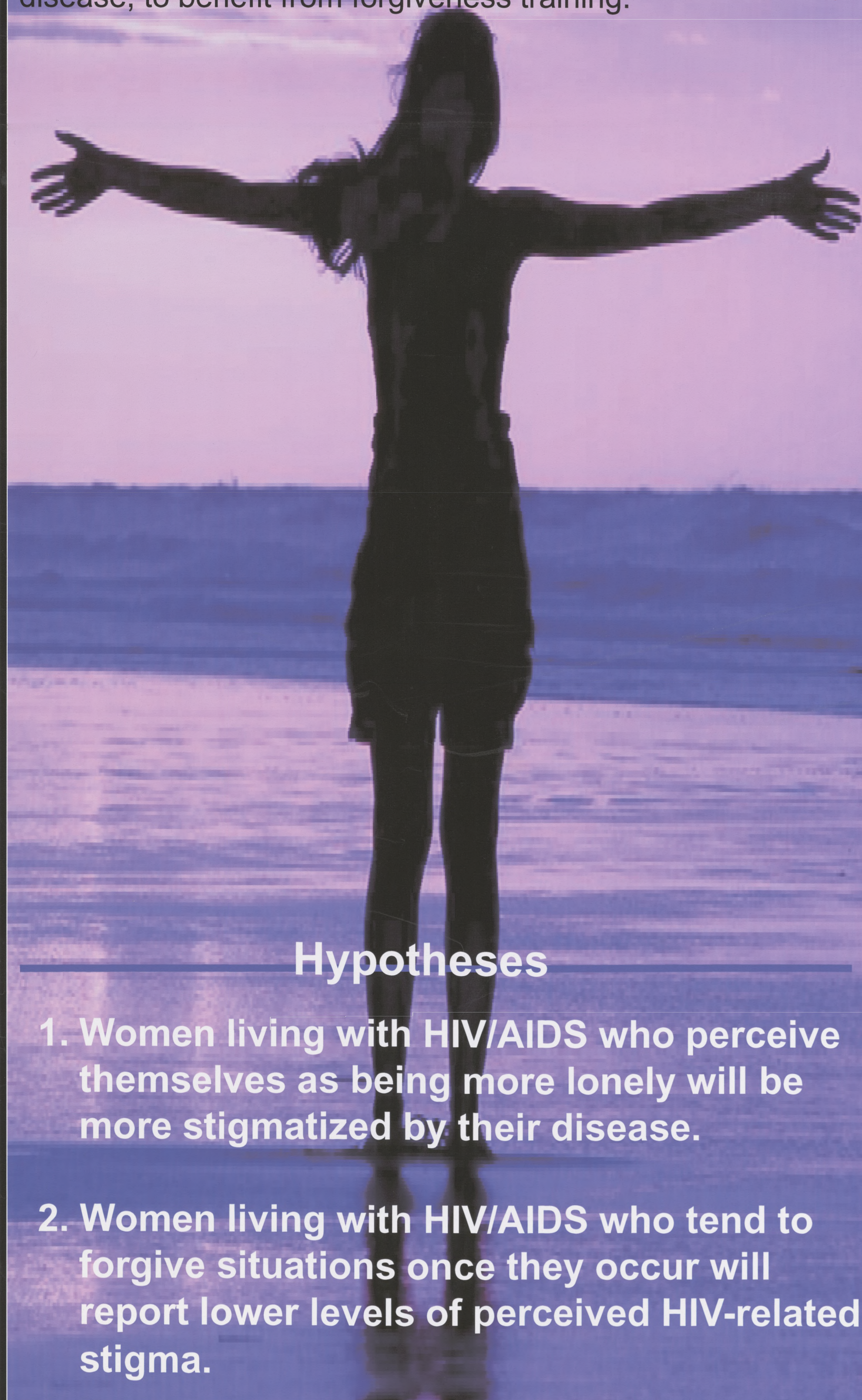
# Stigmatized by Disease: Loneliness and Forgiveness in HIV+ Women

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## Introduction

Due to its association with immoral behavior, the perceived controllability of transmission, and the general public's lack of education on the disease, HIV/AIDS is a illness that is easily stigmatized (Herdt & Lindenbaum, 1992; Crandall & Coleman, 1992). In addition, using Lazarus and Folkman's (1984) transactional model, HIV-related stigma can be conceptualized as a stressor. As a stressor, stigma can have many negative effects on the physiological health, psychological health, and quality of life of individuals with HIV/AIDS (Miles et al, 2001; Buseh, 2006), such as increased loneliness and less social support. Previous results from intervention research has found that the concept of forgiveness is a teachable skill that can be an effective coping strategy for people with a variety of health-related problems (Luskin, 2002). However, possible benefits of forgiveness with individuals with HIV/AIDS needs to be further researched. This study explores the potential for women living with HIV/AIDS (WLH; n = 35), who have been stigmatized by disease, to benefit from forgiveness training.



## Hypotheses

1. Women living with HIV/AIDS who perceive themselves as being more lonely will be more stigmatized by their disease.
2. Women living with HIV/AIDS who tend to forgive situations once they occur will report lower levels of perceived HIV-related stigma.

## Methods

### Procedure

- The study was approved by the IRB at UNT.
- Participants were recruited from various AIDS service organizations in the Dallas Metroplex.
- All participants took an electronic survey that was generated by the researchers using the Questionnaire Development System (QDS).
- All surveys took place at the Resource Center of Dallas due to its convenient location and familiarity to the HIV community.
- Prior to beginning the survey, each participant provided informed consent.
- Upon completion of the survey, participants were given \$15 for their participation as well as a debriefing form.

### Instruments

- **HIV Stigma Scale** (Berger et al, 2001)
  - Reported  $\alpha = .96$ ; 40 likert-type items
  - Responses: strongly disagree, disagree, agree, strongly agree
  - Sample item: "I work hard to keep my HIV a secret"
  - Convergent Validity: Correlation with CES-Depression Scale: .62
- **UCLA Loneliness Scale** (Russell, 1996)
  - Reported  $\alpha = .89-.94$ ; 10 likert-type items
  - Responses: often, sometimes, rarely, never
  - Sample item: "How often do you feel completely alone?"
  - Validity: Correlation with Differential Loneliness Scale: .72
- **Heartland Forgiveness Scale** (Thompson et al, 2005)
  - Forgiveness of Situations Subscale used
  - Reported  $\alpha = .77-.82$ ; 6 likert-type items
  - Anchors: Almost always false of me (1), Almost always true of me (7)
  - Sample item: "I eventually make peace with bad decisions in my life."
  - Validity: Correlation with Forgiveness of Self Scale : .51

### Participants (n = 35)

	Mean (SD)	Range
Age	47.4 (8.9)	24-66
	Frequency	Percent
Ethnicity (African/African-American)	30	85.7%
Relationship Status (Single)	25	71.4%
Religious Affiliation (Christian)	32	91.4%
Have Children (Yes)	24	68.6%
Father Deceased (Yes)	24	68.6%
Mother Deceased (Yes)	12	34.4%
Have Support for HIV (Yes)	18	51.4%
Diagnosed with AIDS (Yes)	13	37.1%
Mental Health Professional		
• Ever Seen (Yes)	29	82.9%
• Currently Seeing (Yes)	17	48.6%
Total Number in House		
• 1 (live alone)	14	40.0%
• 2	9	25.7%
• 3	8	22.9%
• 4+	4	11.5%

## Results

### Univariate Statistics

	Mean (SD)	Participant Range	Possible Range	Calculated $\alpha$
Forgiveness of Situations	30.0 (6.0)	23-42	6-42	.62
Loneliness	22.3 (8.3)	10-40	10-40	.95
HIV-Related Stigma	97.1 (22.5)	50-151	40-160	.95

### Bivariate Statistics

		1	2	3	4	5	6	7	8	9
Age	1	----								
Single	2	-.08	----							
African-American	3	.04	-.08	----						
# Children	4	.21	-.13	.15	----					
MH Client	5	-.04	.11	-.13	-.20	----				
# in House	6	.09	.05	.07	.05	.10	----			
Forgiveness Situations	7	.16	-.10	.01	-.15	-.00	-.14	----		
Loneliness	8	<b>-.33</b>	-.09	-.05	.06	-.01	.05	-.15	----	
HIV Stigma	9	-.09	-.01	-.19	-.27	-.09	-.13	<b>-.38</b>	<b>.62</b>	----

$p < .05$ ,  $p < .01$ ,  $p < .001$

### Regression Analysis

Predictors	HIV-related Stigma	
	$\beta$	t
Loneliness	.57	4.38***
Forgiveness of Situations	-.30	-2.25*

**F (2, 32) = 13.93\*\*\*, Adjusted R<sup>2</sup> = .43**

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

### Collinearity Statistics

	Tolerance	VIF
*Loneliness	.98	1.02
*Forgiveness of Situations	.98	1.02

\*Dependent Variable = HIV-related Stigma

## Discussion



□ Women living with HIV/AIDS (WLH) who utilize forgiveness techniques reported decreased perceptions of HIV-related stigma; further research may delineate other health benefits of forgiveness.

□ WLH who perceived themselves as lonely reported higher levels of stigma. Although directionality cannot be assessed, it may be that loneliness is a result of being stigmatized by disease.

□ Forgiveness techniques represent an effective coping strategy that WLH can incorporate into their lives. Forgiveness may also increase social networking that may be linked with decreased loneliness.

### Future Directions

□ In addition to forgiveness of situations, researchers need to understand other dimensions of forgiveness that may affect health outcomes, such as forgiveness of self and forgiveness of others.

□ Forgiveness represents just one of many effective coping strategies that may reduce HIV-related stigma in persons living with HIV/AIDS. Further research is necessary to identify other effective coping strategies.

□ Possible moderating and mediating variables need to be researched in order to better understand the link between forgiveness, loneliness, and perceived HIV-related stigma

### Limitations

□ Although our data is robust, the reliability coefficient for our forgiveness scale was moderately low.

□ Neither causal relationships nor directionality of variables can be inferred due to the cross-sectional correlational nature of the study.

## References

□ Please refer to handout for references.



