Hope and symptom load: Correlates of meaning-in-life for HIV positive adults
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INTRODUCTION
An HIV+ diagnosis is a traumatic event that significantly impacts an individual’s life. Therefore, the psychological construct of meaning-in-life is of interest for HIV+ community.
The Life Regard Index-Revised (LRI-R), is a measure that assesses the meaning-in-life (Steiger, 2007). Positive psychology, or the scientific study of optimal human functioning, has increased interest in meaning-in-life research (Linley et al., 2006). Previous research suggests that meaning-in-life is a core component of positive human functioning (King & Napa, 1998).
Snyder et al. (1991) define hope as “a cognitive set that is based on a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning to meet goals).” People are believed to be guided by efforts to reach and obtain goals (Chang, 2007).
Both the agency and pathways components of Snyder’s hope theory represent goal-directed thought processes. Goal-directed thinking is theoretically central to establishing the meaning-in-life (Feldman, 2005). Hopeful thinking is at the heart of the meaning-in-life construct.
Hope is related to better adjustment in chronic illness (Snyder & Lopez, 2002). Once ill, people with high levels (versus low) of hope also appear to remain focused on what they need to do in order to recuperate. Hope demonstrates a stark contrast to the counterproductive self-focus and self-pity (Hamilton & Ingram, 2001) that can negatively affect people with low levels of hope.

HYPOTHESES
1. Pathways of hope will be significantly positively correlated with levels of meaning-in-life.
2. Agency of hope will be significantly positively correlated with levels of meaning-in-life.
3. Symptom load will be significantly negatively correlated with meaning-in-life.
4. Pathways of hope, agency of hope, and symptom load will account for a significant amount of variance in levels of meaning-in-life.

METHODS
A convenience sample was used to collect self reported data from participants (N=243) who were recruited from AIDS service organizations (ASOs) in the Dallas/Fort Worth metropolitan area.

MEASURES

Measurements

HOPE
The Hope Scale (Snyder et al., 1991)
12 items on a 4 point Likert-type scale used to assess the cognitive processes of hope (H1:Hopeful, H2:Hopeless). 4=definitely true
Agency of Hope: 4 items (H1:Hopeful, H2:Hopeless)
1=completely disagree, 4=definitely agree
Pathways of Hope: 6 items (H1:Hopeful, H2:Hopeless)
There are lots of ways around any problem.
4 distracter Items:
I worry about my health.
Concurrent validity was established by Snyder et al. (1991).

MEANING-IN-LIFE
The Life Regard Index-Revised (Zimber & Standard, 2001)
28 items on a 3 point Likert-type scale (1=Low, 3=High) which was designed to assess positive and negative for the degree of experienced meaningfulness of life.
I do not agree. True
I have a philosophy of life that really gives my life significance.
Concurrent validity was established by Steiger (2007).

SYMPTOMS
HIV Symptom Checklist
20 items assess the presence and severity of different symptoms: diarrhea, frequent headaches & joint stiffness) experienced by HIV+ individuals.
Severity is assessed on a 4 point Likert-type scale.
Direct present. Every severe

RESULTS

Univariate Statistics

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Mean (SD) Actual/Possible Range

CRITERION: Meaning-in-life

Multivariate Analysis

PREDICTORS: β t Tolerance VIF

Age .13 2.22*.96 1.05
Sex .06 1.09 .94 1.07
Income .06 .99 .94 1.07
Symptom Load -.13 2.23*.92 1.09
Agency of Hope .50 6.38* .51 1.97
Pathways of Hope -.07 .96 .52 1.91

Future Research
In future research, other aspects of positive psychology should be assessed within the HIV+ community: e.g. optimism, capacity for love and vocation, courage, interpersonal skills, perseverance, forgiveness, originality, future mindedness, high talent, and wisdom (Seligman, 2000).
We find that hope (one prominent aspect of positive psychology) is associated with an increased meaning-in-life in people living with HIV, which suggests that other aspects of positive psychology may warrant future research.

LIMITATIONS
Our cross-sectional, correlational design limits us from inferring causality from our results.
Our convenience sample limits generalizability. I.e. not generalizable to other geographic locations.
Data collected were self-report.

REFERENCES
Please refer to handout.

DISCUSSION
As hypothesized, agency of hope was significantly positively associated with meaning-in-life in our analyses. Symptom load was significantly negatively associated with meaning-in-life. Pathways of hope, however, was not significant.

As agency emerged as the strongest correlate of meaning-in-life, clinicians may develop this concept as a motivational factor that can be explicitly operationalized and taught to the client. In a sense, agency reflects efficacy expectations, and a perception of satisfaction-promoting control, even if external conditions do not permit the achievement of problem-solving skills (e.g., as in chronic illness; Bailey, 2007).
Positive psychology is the study of conditions and processes that contribute to the optimal functioning of people, groups, and institutions (Gable & Haist, 2005). Community psychologists who assist the public in seeking fulfillment in their lives should focus on treatment goals of identifying and enhancing strengths, such as hopeful thinking. Thus, combining positive psychology concepts with evidence-based treatments may allow community psychologists to offer treatments that not only alleviate immediate symptoms but also build strengths and increase long-term life satisfaction (Snyder & Lopez, 2003).
By recognizing the significant role that hopeful thinking plays in meaning-in-life, we gain a more complete understanding of how people construct meaning in their lives.

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